



FLINTSHIRE
COUNTY
COUNCIL



The . . .
Health of Flintshire

The Report

of the

Medical Officer

for the year

1972

Flintshire County Council

THE HEALTH OF
FLINTSHIRE

The Report

OF THE

Medical Officer

FOR THE YEAR

1972

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To the Chairman and Members of the
Flintshire County Council

Mr. Chairman, Ladies and Gentlemen,

The population of the county again showed a substantial increase during the year - an increase of 3,120 over 1971. This was largely due to the continued development of housing estates, particularly in the Buckley area and in the areas of Hawarden and Holywell rural districts. This population influx presents great problems in relation to community health services, as services are naturally expected by those who move into new estates, whereas it takes time to appoint and settle new staff and provide new services, if these are to function as part of an existing County Health Service. Added to this, we have a large influx of holidaymakers during the summer months in the coastal areas who make many demands on certain services, particularly nursing, ambulance and health visiting. It has only been possible to meet the unusual demands by a team approach to health care - district sisters and health visitors working in attachment to general practitioners and also in close contact with hospital staff.

The vital statistics for the year are given in full in the report. It is of interest to note that the total births was 2,911 in 1972, compared with 3,040 in 1971, and it may be relevant that the number of women attending Family Planning Clinics was higher in 1972 than ever before, with a great deal of pressure on the authority to open more clinics. On the other hand total deaths increased from 2,221 (12.6) in 1971, to 2,419 (13.4) in 1972. The Department of Health and Social Security place great emphasis on Perinatal Mortality Rate (stillbirths and deaths under 1 week per 1,000 live and stillbirths) and it is gratifying to note that these deaths have steadily declined over the last few years and the rate for 1972 was the lowest ever recorded being 18.0 compared with 19.0 in 1971 and 24 in 1970. This low rate is very largely due to good ante-natal care, and the very high level of

hospital deliveries amounting to approximately 95% of all mothers in 1972.

During 1972, all nursing staff and health visitors worked in attachment with general practitioners in the county and this scheme is now firmly established and works very well.

The scope of the work undertaken by attached staff has steadily grown since attachment schemes started four years ago and a true 'primary team' concept of care is now well established in many practices. Our more recent liaison schemes with hospital medical and nursing staff have still further improved total patient care and in the nursing field, unification of the health service will only be placing on a formal basis a service that has already been 'unified'. Certain developments referred to in my last report have been implemented during the year, the most important being the appointment of three nursing auxiliaries in the Western half of the county who assist the sisters and work under their supervision. It is hoped to appoint additional nursing auxiliaries in 1973 to cover the other half of the county. Plans were also in hand at the end of the year to appoint part-time night nursing staff, a nursing sister with psychiatric nursing experience, and a community nurse training officer.

Health Visitors also work in close association with general practitioners and hospital staff. During the year, some of the routine school nursing work of the health visitors was transferred to full-time newly appointed school nursing sisters, and in this way health visitors were able to devote more time to work with general practitioners and hospital staff. During the year also close ties were established with social workers working in the community, and between team leaders of the Social Services Department and Nursing Officers (Health Visiting).

During the year, two full-time chiropodists were appointed, one to cover Rhyl and Prestatyn area and one to cover clinics on the Deeside. These chiropodists also provide treatment in patients own homes where necessary. It is intended to appoint two more chiropodists in the coming year and in this way

provide a direct county service for the whole county, treatment being provided in county clinics or in the patients own homes.

The new pattern of work in Child Health Centres continued during 1972 - developmental assessment - having now replaced routine examination of infants prior to school entry. Infants found to have any abnormality are assessed in consultation with the general practitioner and the consultant paediatrician. In this connection we continued to keep our Observation Register of children needing follow-up, and children on the register were visited at agreed intervals and the register up dated.

The volume of work undertaken by the Ambulance Service again showed an increase in 1972 with a total of 17,000 stretcher and chair cases, 52,000 walking cases, and a total mileage of 535,000 miles. Considerable progress was achieved in many facets of the service during the year - improved training of operational staff, improved vehicles including an estate car modified as an ambulance for long distance work, new VHF radio equipment, and new and improved resuscitation equipment. The service maintained its high standard during 1972, and we are fortunate in having a qualified instructor on our staff - Station Officer K. Goodall - who was responsible for a considerable amount of inservice training during the year in addition to acting as an instructor at the Regional Ambulance Training Centre at Wrenbury in Cheshire.

Mr. H.E. Roberts, County Public Health Officer, was appointed in September, 1972, and this is his first report as County Public Health Officer. He has continued to administer the legislation relating to Food and Drugs and other work assigned to him by the authority. Not only does he administer the legislation relating to food and drugs etc., but he also gives advice and support to food producers and retailers when he visits premises in the course of his duties.

Much of the work of collating the information for this report has been undertaken by Mr. G.L. Atkins, the Chief Administrative Assistant of the Health Department. I would like to thank Mr. Atkins and the staff of this department for their excellent work during the year.

The document on the Management Arrangements for the Reorganised National Health Service in Wales was issued in September, 1972, and is of considerable interest to both members of the health committee and the staff of the department. I have included a note on the main recommendations at the end of this report in the form of an Addendum, and I have also included diagrams of the proposed structure of the new health service in Wales and of the proposed new medical and nursing structure for Clwyd.

The staff of the health department deserve great credit for their hard work and loyalty during what has been a difficult year, with many changes taking place and radical reorganisation hanging over all.

I would like to thank the Chairman and members of the Health Committee for their support during the year, the Clerk of the County Council and the other Chief Officers and their staffs for their ready co-operation at all times.

This will be the last report which I will prepare as County Medical Officer and Principal School Medical Officer for Flintshire as there will be no post of County Medical Officer in May, 1974, when the report for 1973 would normally be due. There have been many changes since I commenced my duties as County Medical Officer in 1954, and I hope that I have been able to make some contribution to the improvement of the public health services in the county. It has been a great privilege to work for this county and I hope that the community health services in the future will continue to develop under the Area Health Authority.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant

G.W. ROBERTS

County Medical Officer of Health

ADMINISTRATION

A - DEPARTMENTAL OFFICERS

County Medical Officer:

Griffith Wyn Roberts, MB, BCh, BAO, FFCM, DPH

Official Address: County Health Offices, Shire Hall, Mold.

Tel: Mold 2121

Deputy County Medical Officer:

Kenneth Steven Deas, MB, ChB, MFCM, DPH

Senior Medical Officer:

Lillie Lund Munro, MB, ChB, MFCM, DPH

Assistant Medical Officers (full-time):

William Manwell, MB, BCh, BAO, DTM, DPH, CM

John Gordon Williams, MRCS, LRCP

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts:

D.J. Fraser, MB, ChB, DPH

D.P.W. Roberts, MB, ChB, MFCM, DObst, RCOG, DPH

Assistant Medical Officers (part-time sessional):

Dr. J.D. McCarter, MB, BCh, BAO

Dr. R.M. Pickles, MRCS (Eng.), LRCP (Lond.)

Chest Physicians (part-time):

E. Clifford-Jones, MB, BS, MRCS, (Eng.) LRCP (London)

J.B. Morrison, MD, ChB

R.W. Biagi, MBE, MB, ChB, MRCPE

Child Guidance Consultant (Welsh Hospital Board Staff):

E. Simmons, MD, LRCP, LRCS, (Edin.), LRFPS (Glasgow)

Ear, Nose and Throat and Audiology Consultant (Welsh Hospital Board Staff):

Catrin M. Williams, FRCS

Ophthalmic Consultants (Welsh Hospital Board Staff):

E. Lyons, MB, ChB, DOMS

A.N. Chowdhury, MB, BS, DO (Lond)

Ophthalmic Optician (part-time sessional):

A.S.M. Saum, FBOA (Hons.)

Orthopaedic Consultant, (Clwyd and Deeside Hospital Management, Committee): Prince Edward War Memorial Hospital, Rhyl:

R. Owen, MCH, (Orth.), FRCS

Consultant Paediatrician, (Regional Hospital Board Staff):

M.M. McLean, MB, MRCPE, DCH

Consultant Obstetricians and Gynaecologists

(Clwyd and Deeside HMC):

Mr. E. Parry-Jones, MD, MS, FRCOG

Mr. D.A. Aiken, MRCOG

(Wrexham, Powys and Mawddach HMC):

Mr. D.B. Whitehouse, MD, FRCS, MRCOG

Mr. Aled Williams, MB, ChB, MRCOG, D. Obst

Mr. G.A. Humphreys, MRCS, LRCP, FRCOG (Died November, 1972)

Consultant Geriatricians:

Dr. June P. Arnold, MD, MRCP, (Clwyd and Deeside HMC)

Dr. Evan Griffiths, MB BS (Lond.) LRCP, MRCS, FRCS,

(Edin.), FRCS (Eng.) (Wrexham, Powys and Mawddach HMC)

Speech Therapist:

Mrs. R.E. Ward, LCST

Principal School Dental Officer (full-time):

A. Fielding, LDS, RCS

Dental Officers (full-time):

Frederick Seymour Dodd, LDS

Arthur Oliver Hewitt, LDS

Henry Frank Lewis, LDS, RCS

Dental Officers (part-time):

Brian Joseph Nuttall,BDS (left 30.6.72)

Kenneth Guy Jarrett,LDS,RCS, (since 1.11.72)

Consultant Orthodontist (part-time sessional):

J. Hopper,LDS (Orth.)

Dental Anaesthetists (part-time sessional):

Dr. G.E.S. Robinson

Dr. M.E. Lloyd

Dr. H. Evans

Dr. G.P. Roberts

Mr. T. Roberts, LDS

Dr. S.J. Altrey

County Public Health Officer (also Food and Drugs Inspector):

Harold Edward Roberts, MAPHI

Director of Nursing Services:

Miss P.M. Matthews, SRN,SCM,HV.Cert,NAPH.Cert.

Area Nursing Officers:

Mrs. I. Shepherd, SRN,SCM,QN

Miss H. Lambert, SRN,SCM,QN,HV.Cert.

Health Visitors (acting jointly as Health Visitors and School Nurses):

All State Registered Nurses and State Certified Midwives,
and with Health Visitor's Certificate or other
Qualifications.

Number employed at 31st December, 1972

Senior District Nursing Sisters 4

Senior Health Visitors 3

Health Visitors and Visitors for Chest

Diseases 32 F.T. 1 P.T.

School Nurses 14 F.T. 5 P.T.

District Nursing Sisters and District

Nurses (of these 40 are midwives) 59 F.T. 8 P.T.

Nursing Auxiliaries 3.P.T.

Dental Survery Assistants 3 F.T. 7.P.T.

Ambulance Officer:

David Hugh Jones, FICAP, AMRSH, RMA (BMA)

Chief Administrative Assistant:

George Llewellyn Atkins, ACIS.M. Inst, PS, MRSH

Senior Administrative Assistant:

Edward F. Jones

Chief Executive Officer and County Clerk:

T.M. Haydn Rees, DL, Solicitor

Deputy Clerk and County Solicitor

M.H. Phillips, MA, LL.B, Solicitor

B - ASSOCIATED OFFICERS

Director of Education:

J. Howard Davies, BA

County Surveyor:

E.W.W. Richards, FICE, FI. Struct. E. MIHE

County Architect:

R.W. Harvey, ARIBA

County Treasurer:

S. Elmitt, FIMTA, FRVA

Director of Social Services:

Dennis P. Hughes

Assistant Directors of Social Services:

T. Wesley Hughes, F. Inst. W

Mrs. L. Davies, BA

R. Powell

Public Analyst: (Fee Paid):

R. Sinar, B.Pharm, BSc, FPS, FRIC

Deputy Public Analyst (Fee Paid):

G.F. Hooke, L I Biol, M.Chem.A, FRIC

Health Officers of the Several Sanitary Districts (as on 31st December, 1972)

DISTRICT	MEDICAL OFFICER	CHIEF PUBLIC HEALTH INSPECTOR
Buckley Urban	Dr. D. J. Fraser	Mr. A. G. Watkin, U.D.C. Offices, Buckley
Connah's Quay Urban	Dr. D. J. Fraser	Mr. C. Stoddart, U.D.C. Offices, Connah's Quay
Flint Municipal Borough	Dr. D. J. Fraser	Mr. L. Graham, Town Hall, Flint
Holywell Urban	Dr. D. P. W. Roberts	Mr. H. L. Fields, U.D.C. Offices, Holywell
Mold Urban	Dr. D. J. Fraser	Mr. M. Coppack, U.D.C. Offices, Mold
Prestatyn Urban	Dr. D. P. W. Roberts	Mr. Ll. T. Owen, U.D.C. Offices, Prestatyn
Rhyl Urban	Dr. D. P. W. Roberts	Mr. G. Black, Russell House, Rhyl
Hawarden Rural	Dr. D. J. Fraser	Mr. D. R. George, R.D.C. Offices, Hawarden
Holywell Rural	Dr. D. P. W. Roberts	Mr. D.O. Meredith-Jones, R.D.C. Offices, Holywell
Maelor Rural	Dr. D. J. Fraser	Mr. S. J. V. James, R.D.C. Offices, Overton
St. Asaph Rural	Dr. D. P. W. Roberts	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph

According to the latest census figures for the year 1972, Flintshire had a population growth of 1.7% in the year 1971/72, the highest growth figure of all the Welsh Counties, the population being 179,950, as against 176,830 for 1971, an increase of 3,120.

The highest increase was in Buckley where the population increased by 4.3% from 11,930 to 12,450 in 1972. None of the eleven District Councils areas in the county had a population decrease. Statistics over the last ten years show that Flintshire has continuously led the field over the other Welsh Counties, there being a growth rate of just over 19.0% during the period (Population 1962 being 150,430 as against 179,950 in 1972).

Once again, during 1972, there was a considerable amount of private housing development throughout the county, there being 1,706 private houses built, together with 110 provided by local authorities. Although these figures are still reasonably high they were, in fact, lower than last year.

The developments of housing estates in various parts of the county puts considerable strain on all services provided by the County Council - education, libraries, roads, social services and health. It is one thing to plan services for a naturally increasing population increase of births over deaths and quite a different problem to plan services for a population moving into the county to live in new estates and bringing with them children, persons with social problems and, in certain areas, a large proportion of aged.

As in previous years, during the summer months, the Western half of the county continued to have a thriving tourist industry and the services of the health department were adapted once again to meet the particular needs of the area.

The birth rate for 1972 (16.2) was lower than that for 1971 (17.2) both for the county and nationally (14.8 against 16.9). The number of live births for Flintshire in 1972 being 2,911

as against 3,040 in 1971. During 1972, the death rate for the county was higher than 1971, at 13.4, as against 12.6, the rates nationally also being higher at 12.1 and 11.6 respectively.

As the population of an area increases it is only to be expected that the demands made for services of all kinds also increases and as far as the health services are concerned the county does as much as it is able to do to increase, develop and maintain all its services within the available Finances.

February, 1972, saw the start of work on the first stage of the new Clwyd Hospital at Bodelwyddan near Rhyl. When completed, the hospital will serve most of Denbighshire (apart from Wrexham/Llangollen area) and Western Flintshire. The new hospital is not expected to be ready for use until the end of 1975 and by that time the Health Service will have been reorganised and the hospital, local health authority and general practitioner services will be unified.

TABLE I
AREAS AND POPULATIONS

District	Area in Statutory Acres pre 1934	Area in Statutory Acres at 1.4.34.	Area in Statutory Acres as per 1961 Census	By Census		Populations						
				1901	1921	1961	1949	1959	1969	1970	1971	1972
URBAN												
Buckley	2,034	2,646	2,638	5,780	6,726	7,659	7,622	7,690	10,120	10,750	11,930	12,450
Conahs Quay	4,214	4,214	4,214	3,396	5,060	8,375	7,455	8,030	11,430	12,010	12,280	12,640
Flint M.B.	3,455	6,213	6,802	4,625	6,298	13,707	14,160	14,380	14,650	14,830	14,740	14,860
Holywell	917	2,532	2,428	2,632	3,073	8,477	7,870	8,320	8,750	8,850	8,540	8,590
Mold	854	1,164	1,175	4,263	4,659	6,894	6,354	6,680	8,040	8,180	8,390	8,470
Prestatyn	1,640	3,219	2,796	1,261	4,415	10,786	8,659	9,720	13,670	14,080	14,560	14,980
Rhyl	1,700	1,700	1,700	8,473	13,968	21,737	18,710	19,810	21,510	21,500	21,600	22,010
RURAL												
Hawarden	31,588	31,576	31,576	15,821	24,036	36,443	32,450	35,520	42,020	43,010	42,650	43,080
Holywell	64,519	58,515	58,329	23,999	25,933	41,636	21,920	22,090	22,950	23,530	25,430	25,800
Maelor	29,749	29,740	29,740	5,057	5,102	4,889	6,720	4,520	4,870	4,840	4,730	4,800
St. Asaph	23,057	22,149	22,300	6,158	7,347	9,479	8,380	10,320	11,200	11,490	11,980	12,270
Total Urban	14,794	21,718	21,753	30,450	44,199	77,635	70,830	74,550	88,170	90,200	92,040	94,000
Total Rural	148,913	141,989	141,954	51,035	62,418	72,447	69,470	72,450	81,040	82,870	84,790	85,950
Whole County	163,707	163,707	163,707	81,485	106,617	150,082	140,300	147,000	169,210	173,070	176,830	179,950

VITAL STATISTICS - FLINTSHIRE, 1972

Live Births	2,911
Live Birth Rate per 1,000 population	16.2
Illegitimate Births	203
Illegitimate Live Births per cent of total live births	7.0
Stillbirths	29
Stillbirth rate per 1,000 live and stillbirths	10.0
Total live and stillbirths	2,940
Infant deaths (under 1 year)	38
Infant Mortality Rate per 1,000 live births - total	13.0
Infant Deaths per 1,000 illegitimate live births	13.0
Infant Deaths per 1,000 illegitimate live births	15
Neo-natal mortality rate per 1,000 live births (first four weeks)	9.0
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	9.0
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	18.0
Total deaths	2,419
Death rate over 1,000 population	13.4
Maternal deaths (including abortion)	-
Maternal Mortality rate per 1,000 live and stillbirths	-

FINANCIAL

The product of a penny rate (new penny) computed for the County in respect of the year 1972/73 was £81,306.

SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

BIRTHS

During the year under review, 2,940 births were registered as pertaining to the county, that total being made up as follows:-

	LIVE BIRTHS	STILL BIRTHS	TOTAL
Legitimate	2,708	25	2,733
Illegitimate	203	4	207
	<hr/>	<hr/>	<hr/>
T O T A L	2,911	29	2,940
	<hr/>	<hr/>	<hr/>

Compared with 1971, these figures show a decrease of 129 live births and a decrease of 8 still births, the total births thus showing a decrease of 137.

Of the 2,911 live births, 1,496 were males and 1,415 females.

Of the 29 stillbirths, 12 were males and 17 females.

Further reference will be made to these figures when considering the neo-natal and infant death rates.

The live birth rate per 1,000 population in 1972. was 16.2 which is slightly higher than the rate for England and Wales, namely, 14.8.

The stillbirth rate per 1,000 total (live and still) births was 10.0 as compared with 12.0 in 1971. The rate of 10.0 was, however, lower than the corresponding rate for England and Wales, which stood at 12.0.

Illegitimate Births: The number of illegitimate births fluctuate from year to year. The number rose during the war years to a peak of 69.3 per 1,000 total births in 1947, but by 1950, the figure had been reduced to the pre-war level of 43.87 per 1,000 total births. The figures for subsequent years, taken at five year intervals, are given below:-

1955	40.00	per 1,000	total births	
1960	41.92	-	do	-
1965	60.74	-	do	-
1970	62.45	-	do	-
1971	67.60	-	do	-
1972	69.73	-	do	-

Births in the various County districts - Table 2 shows the births live and still, legitimate and illegitimate, whilst Table 2(a) shows the birth rates in the County districts.

Premature Births - all babies weighing $5\frac{1}{2}$ lbs or less at birth are classified as 'premature' irrespective of period of gestation. Out of a total of 135 premature births in 1972, 123 were born in hospitals or maternity homes within the National Health Service. Statistics as to the survival of these infants were forwarded to the Department of Health and Social Security by the hospital or home at which the birth occurs. The remaining 16 births occurred at home.

All items in Table 3 refer to notified births after correction for transfers, so it is unnecessary for me to comment on the premature births as the information is fairly presented.

TABLE 2

BIRTHS - 1972

DISTRICT	Live			Still			Total		
	Legit	Illegit	Total	Legit	Illegit	Total	Legit	Illegit	Total
URBAN									
Buckley	256	11	267	4	-	4	260	11	271
Connahs Quay	264	6	270	4	-	4	268	6	274
Flint M.B.	238	13	251	1	-	1	239	13	252
Holywell	117	11	128	1	-	1	118	11	127
Mold	136	9	145	1	-	1	137	9	146
Prestatyn	147	19	166	1	-	1	148	19	167
Rhyl	238	48	286	2	1	3	240	49	289
RURAL									
Hawarden	614	42	656	6	2	8	620	44	664
Holywell	457	29	486	3	1	4	460	30	490
Maelor	57	2	59	-	-	-	57	2	59
St. Asaph	184	13	197	2	-	2	186	13	199
Total Urban	1,396	117	1,513	14	1	15	1,410	118	1,528
Total Rural	1,312	86	1,398	11	3	14	1,323	89	1,482
Whole County	2,708	203	2,911	25	4	29	2,733	207	2,940

TABLE 2(a)
BIRTHS AND BIRTH RATES - 1972
(Live Births, Still Births and Total Births)

DISTRICT	Number of Births			Crude Rate per 1,000 Population			* Adjusted Rate per 1,000 Population			Still Births Rate per 1,000 Total Births
	Live	Still	Total	Live	Still	Total	Live	Still	Total	
URBAN										
Buckley	267	4	271	21.4	.32	21.45	16.5	.25	16.52	15
Connahs Quay	270	4	274	21.4	.32	21.36	17.5	.26	17.52	15
Flint M.B.	251	1	252	16.9	.07	16.91	17.7	.07	17.75	4
Holywell	128	1	129	14.9	.12	14.90	15.8	.13	15.79	8
Mold	145	1	146	17.1	.12	17.12	16.8	.12	16.78	7
Prestatyn	166	1	167	11.1	.07	11.08	15.3	.09	15.29	6
Rhyl	286	3	289	13.0	.14	12.99	15.9	.17	15.85	10
RURAL										
Hawarden	656	8	664	15.2	.19	15.23	14.9	.19	14.93	12
Holywell	486	4	490	18.8	.15	18.84	19.2	.15	19.22	8
Mae lor	59	-	59	12.3	-	12.30	14.0	-	14.02	-
St. Asaph	197	2	199	16.1	.16	16.05	16.4	.16	16.37	10
Total Urban	1,513	15	1,528	16.1	.16	16.15	16.6	.16	16.57	10
Total Rural	1,398	14	1,412	16.3	.16	16.42	16.3	.16	16.26	10
Whole County	2,911	29	2,940	16.2	.16	16.32	16.5	.16	16.49	10

* Adjusted by the comparability factor for comparison with other areas

TABLE 3

PREMATURE BIRTHS

Number of premature births, i.e. live and still births of 5½ lbs. or less at birth (as adjusted by any notifications transferred in or out of the area)

Weight at Birth	Premature Births													Premature Stillbirths
	Born in Hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total Births (1)	Within 24 hours of birth (2)	In 1 & under 7 days (3)	In 7 & under 28 days (4)	Total Births (5)	Within 24 hours of birth (6)	In 1 & under 7 days (7)	In 7 & under 28 days (8)	Total Births (9)	Within 24 hours of birth (10)	In 1 & under 7 days (11)	In 7 & under 28 days (12)	Born In hospital (13) At home or in a Nursing home (14)	
1) 2 lb 3 oz or less	2	1	-	-	-	-	-	-	1	-	-	-	-	
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	12	2	-	-	1	-	-	-	-	-	-	1	-	
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	20	1	-	1	2	1	-	-	-	-	-	3	-	
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	23	-	-	-	3	-	-	-	-	-	-	-	-	
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	66	-	-	-	5	-	-	-	-	-	-	2	-	
6) TOTAL	123	4	-	1	11	1	-	-	1	-	-	-	6	

1 = 1,000g. or less; 2 = 1,001 - 1,500g; 3 = 1,501 - 2,000g; 4 = 2,001 - 2,250g; 5 = 2,251 - 2,500g.

MAIN CAUSES OF DEATHS DURING 1972

In Table 4 of the report are shown the various causes of deaths in Flintshire during 1972, and certain main causes are further analysed in Tables 4(a) and 4(b) whilst the percentage age distribution of deaths occurring are shown in Table 4(c).

Malignant and heart and circulatory diseases account for 1789 of the total deaths recorded or 73.99% (see Table 4(b)).

Heart diseases, mainly coronary artery infarction again account for a large number of deaths, namely, 746, as against 648 in 1971. Most of these persons were over the age of 65 years, particularly males.

There are still many unknown factors which have a bearing on coronary attacks and much work is continuing to try to discover these.

Cerebrovascular diseases - 'strokes' - is again mainly a condition of the aged, 366 deaths occurring in persons over the age of 65 years, as can be seen by reference to Table 4(b). A great deal of work is being carried out to discover the causes of strokes, one of the most important single causes of strokes is raised blood pressure and work on controlling this factor is being pursued.

Although the deaths from cancer in 1972 were lower than the previous year, namely, 431 in 1972, as against 452 in 1971, the number is still high. Once again, the largest single organ being cancer of the lung (106 cases) no doubt attributable to heavy tobacco smoking despite the ever increased national No Smoking Campaigns.

According to information from the Welsh Office, cigarette smoking is the largest single avoidable cause of premature death but, unfortunately, although the dangers to health are widely understood many people are unable or do not wish to give up the habit.

The number of deaths from cancer of the breast during 1972 was 30, 29 less than in 1971, whilst the number of deaths from

cancer of the uterus remained the same at 17. These figures although less than in the previous year, once again points to the need to increase the work in early detection of these conditions and in offering effective treatment. If these cases of cancer could be discovered in the early treatable stages the number of deaths could be reduced.

Deaths due to other causes follow very closely the trend of the rest of the country. All causes of death are closely analysed each year to ensure that no unusual factor is missed due to environmental or other factors.

It may be worth mentioning that the deaths from motor vehicle accidents and all other accidents during 1972 were more or less the same as those in the previous year, there being 87 as against 84 in 1971.

TABLE 4

DEATHS (GENERAL) 1972

SUMMARY OF CAUSES

Cause of Death	Males	Females	Total	Percentage of Total Deaths
Enteritis and Other				
Diarrhoeal Diseases	1	1	2	0.08
Tuberculosis of				
Respiratory System	-	1	1	0.04
Other Tuberculosis -				
Late Effects	4	1	5	0.20
Meningococcal Infection	-	1	1	0.04
Malignant Neoplasm -				
Buccal Cavity, etc.	3	4	7	0.29
Oesophagus	8	5	13	0.54
Stomach	30	20	50	2.07
Intestine	28	40	68	2.81
Larynx	1	-	1	0.04
Lung Bronchus	85	21	106	4.38
Breast	-	30	30	1.24
Uterus	-	17	17	0.70
Prostate	12	-	12	0.50
Leukaemia	7	9	16	0.66
Other Malignant Neoplasms	62	59	121	5.00
Benign and Unspecified				
Neoplasms	1	3	4	0.17
Diabetes Mellitus	4	14	18	0.75
Avitaminoses, etc.	-	1	1	0.04
Other Endocrine, etc. Diseases	5	2	7	0.29
Anaemias	2	3	5	0.20
Other Diseases of the Blood,				
etc.	-	2	2	0.08
Mental Disorders	-	1	1	0.04
Multiple Sclerosis	1	3	4	0.16
Other Diseases of the				
Nervous System	16	20	36	1.49

Table 4 continued

Cause of Death	Males	Females	Total	Percentage of Total Deaths
Chronic Rheumatism				
Heart Disease	11	26	37	1.53
Hypertensive Disease	31	28	59	2.44
Ischaemic Heart Disease	398	245	643	26.59
Other forms of Heart Disease	50	53	103	4.26
Meningitis	-	1	1	0.04
Cerebrovascular Diseases	152	257	409	16.91
Other Diseases of				
Circulatory System	49	58	107	4.42
Influenza	8	19	27	1.12
Pneumonia	60	52	112	4.63
Bronchitis and Emphysema	94	22	116	4.80
Asthma	2	3	5	0.20
Other Diseases of				
Respiratory System	15	10	25	1.03
Peptic Ulcer	5	8	13	0.54
Appendicitis	1	-	1	0.04
Intestinal Obstruction				
and Hernia	7	2	9	0.37
Cirrhosis of Liver	3	1	4	0.16
Other Diseases of				
Digestive System	8	8	16	0.66
Nephritis and Nephrosis	8	4	12	0.50
Hyperplasia of Prostate	10	-	10	0.42
Other Diseases -				
Genito - Urinary System	9	9	18	0.75
Diseases of Musculo -				
Skeletal System	4	13	17	0.70
Congenital Anomalies	5	5	10	0.42
Birth Injury,				
Difficult Labour, etc.,	13	3	16	0.66
Other Causes of				
Perinatal Mortality	3	2	5	0.20
Symptoms and Ill-Defined				
Conditions	3	10	13	0.54
Motor Vehicle Accidents	22	12	34	1.40
All Other Accidents	31	22	53	2.19
Suicide and Self-inflicted	8	4	12	0.50
All Other External Causes	3	1	4	0.17
T O T A L S	1,283	1,136	2,419	100%

TABLE 4 (a)

DEATHS FROM MALIGNANT DISEASES IN THE VARIOUS COUNTY DISTRICTS

District	Sex	Buccal Cavity etc	Oesophagus	Stomach	Intestine	Larynx	Lung, Bronchus	Breast	Uterus	Prostate	Leukaemia	Other	Total	Rate per 1,000 population
Buckley U.D. (12,450)	M	-	1	3	2	-	5	-	1	-	-	1	12	1.61
	F	-	-	1	2	-	2	1	1	-	-	1	8	
Connahs Quay U.D. (12,650)	M	-	-	1	-	-	3	-	-	-	1	3	8	1.66
	F	-	-	1	2	-	-	2	1	-	2	5	13	
Flint M.B. (14,860)	M	-	1	1	1	-	5	-	-	-	-	7	15	2.08
	F	-	1	1	3	-	1	2	-	-	2	6	16	
Holywell U.D. (8,590)	M	-	-	1	2	-	5	-	-	1	-	3	12	2.55
	F	-	1	1	1	-	3	1	1	-	-	2	10	
Mold U.D. (8,470)	M	1	-	-	2	-	6	-	-	-	-	4	13	2.13
	F	-	-	-	2	-	-	-	-	1	-	2	5	
Prestatyn U.D. (14,980)	M	-	2	2	3	-	10	-	-	1	-	5	23	3.14
	F	2	2	2	5	-	4	2	2	-	-	7	24	
Rhyl U.D. (22,010)	M	1	-	3	9	-	12	5	2	3	1	13	42	3.63
	F	-	1	3	-	-	3	-	-	1	3	13	38	
Hawarden R.D. (43,080)	M	-	2	9	6	-	17	-	-	1	2	12	49	2.18
	F	2	-	6	7	-	4	8	5	-	1	12	45	
Holywell R.D. (25,800)	M	1	2	5	1	-	11	-	-	4	2	10	36	2.44
	F	1	1	3	7	-	4	3	4	-	-	5	27	
Maelor R.D. (4,800)	M	-	-	3	1	-	2	-	-	-	-	1	7	2.09
	F	-	-	-	1	-	-	1	-	-	1	-	3	
St. Asaph R.D. (12,270)	M	-	-	2	1	1	9	-	-	1	1	3	18	2.85
	F	-	1	2	2	-	-	5	1	-	-	6	17	
Total Urban (94,000)	M	2	4	11	19	-	46	-	-	6	2	36	126	2.54
	F	2	3	9	23	-	13	13	7	-	7	36	113	
Total Rural (85,950)	M	1	4	19	9	1	39	-	-	6	5	26	110	2.35
	F	2	2	11	17	-	8	17	10	-	2	23	92	
Whole County (179,950)	M	3	8	30	28	1	85	-	-	12	7	62	236	2.45
	F	4	5	20	40	-	21	30	17	-	9	59	205	
Total M & F		7	13	50	68	1	106	30	17	12	16	121	441	

TABLE 4 (b) - 1972

AGES OF DEATHS FROM MALIGNANT DISEASE AND
HEART AND CIRCULATORY DISEASES

Disease	Sex	Age Groups										Total
		Under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
Tuberculosis:												
Respiratory	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	-	1	-	-	-	1
Late Effects of	M	-	-	-	-	-	-	1	1	1	1	4
Respiratory	F	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	2	1	1	1	5
Malignant Diseases:												
Buccal Cavity, etc.	M	-	-	-	-	-	-	-	1	1	1	3
"	F	-	-	-	-	-	-	1	-	2	1	4
Oesophagus	M	-	-	-	-	-	-	1	2	1	4	3
"	F	-	-	-	-	-	-	1	-	2	2	5
Stomach	M	-	-	-	-	-	-	3	3	11	13	30
"	F	-	-	-	-	-	-	1	3	3	13	20
Intestine	M	-	-	-	-	-	-	5	8	7	8	28
"	F	-	-	-	-	-	-	2	9	12	17	40
Larynx	M	-	-	-	-	-	-	-	-	1	-	1
"	F	-	-	-	-	-	-	-	-	-	-	-
Lung, Bronchus	M	-	-	-	-	-	1	7	25	35	17	85
"	F	-	-	-	-	-	1	4	7	7	2	21
Breast	F	-	-	-	-	1	3	7	10	3	6	30
Uterus	F	-	-	-	-	-	2	5	4	4	2	17
Prostate	M	-	-	-	-	-	-	-	-	3	9	12
Leukaemia	M	-	-	2	-	1	2	-	1	-	1	7
"	F	-	1	1	-	1	-	-	3	1	2	9
Other	M	-	1	2	1	2	2	7	16	16	15	62
"	F	-	-	-	1	2	1	7	9	23	16	59
		-	2	5	2	7	12	51	101	132	119	431
Heart and Circulation:												
Chronic Rheumatic	M	-	-	-	-	-	1	1	4	3	2	11
Heart Disease	F	-	-	-	-	-	-	3	10	7	6	26
Hypertensive Disease	M	-	-	-	-	-	1	1	10	8	11	31
"	F	-	-	-	-	-	1	-	3	7	17	28
Ischaemic Heart Dis.	M	-	-	-	1	-	2	29	96	150	120	398
"	F	-	-	-	-	-	-	3	13	67	162	245
Other forms of Heart	M	-	-	1	-	-	-	2	5	13	29	50
Disease	F	-	-	-	-	-	1	2	3	8	19	53
Cerebrovascular Dis.	M	-	-	-	-	2	2	4	20	54	70	152
"	F	-	-	-	-	-	1	3	11	51	188	257
Other Diseases of	M	-	-	-	-	1	-	-	4	11	30	46
Circulatory System	F	-	-	-	-	-	-	2	5	15	36	58
TOTALS		-	-	1	1	3	9	50	184	400	710	1,358

TABLE 4(c)

DEATHS - AGE DISTRIBUTION (PERCENTAGES)

1972

AGE	Male	%	Female	%	Total (Both Sexes)	%
Under 4 Weeks	19	1.5	8	0.8	27	1.1
4 Weeks and under 1 Year	4	0.3	7	0.6	11	0.5
1 to 4 years	7	0.6	2	0.2	9	0.4
5 to 14 years	12	0.9	5	0.4	17	0.7
15 to 24 years	17	1.3	5	0.4	22	0.9
25 to 34 years	16	1.2	8	0.8	24	0.9
35 to 44 years	17	1.3	17	1.5	34	1.4
45 to 54 years	85	6.6	55	4.8	140	5.8
55 to 64 years	251	19.6	117	10.3	368	15.2
65 to 74 years	416	32.4	277	24.3	693	28.7
75 and over	439	34.3	635	55.9	1,074	44.4
T O T A L S	1,283	100%	1,136	100%	2,419	100%

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

In 1972, deaths attributable to infectious diseases were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections	1
Acute Poliomyelitis	-
Measles	-
Other infective and parasitic diseases	-
Influenza	27
Pneumonia	112
Bronchitis	116
Gastritis, Enteritis and	
Diarrhoea	2
Bacillary Dysentery Amoebia	-

It will be noted that, once again during 1972, there were no deaths from the major infectious conditions, which is a remarkable testimony if such were needed to the effectiveness of our vaccination and immunisation campaigns. Infectious diseases have ceased to be major killing diseases of infants and young persons and this position can be maintained if the public will make full use of the protective vaccines now available to prevent them. Influenza, pneumonia and bronchitis deaths are mainly terminal conditions in the elderly and not true 'primary' infectious diseases like polio or meningitis.

It is important, that the public do not become complacent about the need for protection against infectious diseases that cripple and are often fatal, such as smallpox, poliomyelitis, tetanus, etc. These conditions are still prevalent in many parts of the world and with the spread of present day travel, can be easily imported into the county during the incubation period and in this way unprotected individual 'contacts' can contract the illness.

Facilities for the treatment of infectious illness in hospital are still available at Isolation Hospitals at Colwyn Bay, Clatterbridge and Wrexham. Beds for suspected smallpox cases

are available in the Liverpool area and these serve the whole of North Wales and Merseyside.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS - during 1972, 38 infants died before attaining the age of twelve months and of these 23 were males and 15 females, whilst 35 were legitimate and 3 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is 13 (as against 12 in 1972) and is lower than the rate for England and Wales, namely, 17. The causes of death of the 38 infants are given in Table 5. In the present state of our knowledge little can be done to reduce the number of deaths due to congenital malformations.

It should be noted that of the 38 deaths in the first year of life, 25 died in the first week of life (early neo-natal deaths) and at the end of four weeks after birth the total deaths was 27 (neo-natal deaths). It will be noted that the majority of deaths occur in the first week of life and, indeed, in the first 48 hours of life. This position is explained by the developments in ante-natal care and paediatrics, which results in fewer miscarriages and still births, and means that more premature and other 'weakly' babies are born alive - but fail to survive more than a few hours or days.

The present position will continue until more is known about the causes of prematurity and congenital deformity.

The prospects for the full-term healthy baby are better than ever- only 11 babies died in the last 11 months of their first year.

During the year, we continued to notify all infants born with any form of congenital deformity to The Department of Health and Social Security on special forms supplied. The purpose of this scheme is to enable the Department to get accurate information about the nature and number of deformities occurring. Should there be any significant change in the number of any particular deformity immediate action can be taken to investigate this.

MATERNAL MORTALITY - Again in 1972, there were no deaths attributable to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to

obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate until 30th September 1972 then Professor Beazley both of Liverpool) who may ask for further information, or, if satisfied with that already provided, forward the report to the Department of Health and Social Security.

The whole object of this work is to try to improve the Midwifery Service provided in the county both in hospital and at the patient's home. Careful inquiries into the causes of maternal deaths give valuable information and enable steps to be taken to improve still further a service which has a very high standard.

There has been a steady fall over the years in maternal deaths in the county indicating a very satisfactory standard of hospital and domiciliary midwifery.

DEATHS IN THE VARIOUS COUNTY DISTRICTS - Table 6 shows the total number of deaths of males and females in the county districts, and the crude and adjusted mortality rate for those districts,

It will be noted that the death rate for the county 13.4 is higher than the rate for England and Wales, which was 12.1 in 1972. The crude death rates of the various county districts vary from 7.4 in Buckley to 19.9 for Rhyl and these figures give a fairly clear indication of the population age structure for the districts. Buckley U.D. has a large number of young families who have recently moved into new housing estates and the same applies in Connahs Quay and to a slightly lesser extent in Mold and Flint. Rhyl and Prestatyn have high crude death rates due to a large number of retired persons living in the area. For these reasons, crude death rates can be misleading and to get a clearer picture the death rates are worked out by 'levelling' the age structure of the population using a nationally worked out comparability factor and in this way one is able to ascertain what local factors, if any, accounted for any significant differences in

deaths in the various districts. There are no local factors in any of the county districts which have had a significant influence on the number of deaths in that area, total deaths being due to a higher level of the three main causes - cancer, heart disease and chest diseases for the districts concerned.

TABLE 5
INFANTILE DEATHS 1972
(Under One Year of Age)

DISTRICT	Males			Females		Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	
URBAN						
Buckley	-	-	-	2	-	2
Connahs Quay	2	-	2	2	-	4
Flint M.B.	3	-	3	1	-	4
Holywell	-	-	-	1	-	1
Mold	1	-	1	1	-	2
Prestatyn	2	-	2	2	-	4
Rhyl	3	2	5	1	-	6
RURAL						
Hawarden	4	1	5	3	-	8
Holywell	5	-	5	2	-	7
Maelor	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-
Total Urban	11	2	13	10	-	23
Total Rural	9	1	10	5	-	15
Whole County	20	3	23	15	-	38

Continued Overleaf

Causes of Death	Males	Females	Total
Enteritis and other Diarrhoeal Diseases	-	1	1
Pneumonia	-	3	3
Other Diseasee of Respiratory System	1	1	2
Intestinal Obstruction and Hernia	1	-	1
Other Diseases of the Digestive System	1	-	1
Congenital Anomalies	5	4	9
Birth Injury, Difficult Labour etc.	13	3	16
Other Causes of Perinatal Mortality	2	2	4
Symptoms of ill-defined conditions	-	1	1
TOTALS	23	14	38

TABLE 5 (a)

NEO NATAL DEATHS - 1972
(Under 4 Weeks of Age)

District	Males			Females			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
<u>Urban:</u>							
Buckley	-	-	-	2	-	2	2
Connahs Quay	2	-	2	-	-	-	2
Flint M.B.	2	-	2	1	-	1	3
Holywell	-	-	-	-	-	-	-
Mold	1	-	1	1	-	1	2
Prestatyn	2	-	2	1	-	1	3
Rhyl	3	1	4	-	-	-	4
<u>Rural:</u>							
Hawarden	3	1	4	2	-	2	6
Holywell	4	-	4	1	-	1	5
Maelor	-	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-	-
Total Urban	10	1	11	5	-	5	16
Total Rural	7	1	8	3	-	3	11
Whole County	17	2	19	8	-	8	27

TABLE 5 (b)

INFANT DEATHS - 1972

(Infants under one week of age)

District	Males		Females				Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
<u>Urban:</u>							
Buckley	-	-	-	1	-	1	1
Connahs Quay	1	-	1	-	-	-	1
Flint M.B.	2	-	2	1	-	1	3
Holywell	-	-	-	-	-	-	-
Mold	1	-	1	1	-	1	2
Prestatyn	2	-	2	1	-	1	3
Rhyl	3	1	4	-	-	-	4
<u>Rural:</u>							
Hawarden	3	1	4	2	-	2	6
Holywell	4	-	4	1	-	1	5
Maelor	-	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-	-
Total Urban	9	1	10	4	-	4	14
Total Rural	7	1	8	3	-	3	11
Whole County	16	2	18	7	-	7	25

TABLE 6
DEATHS IN THE SEVERAL DISTRICTS
(All Ages - All Causes)

District	Males	Females	Total	Crude rate per 1,000 population	* Rate adjusted per 1,000 population
<u>Urban:</u>					
Buckley	52	40	92	7.4	10.5
Connahs Quay	52	55	107	8.5	15.2
Flint M.B.	99	93	192	12.9	14.7
Holywell	64	81	145	16.9	11.5
Mold	57	40	97	11.5	13.2
Prestatyn	133	161	294	19.6	11.2
Rhyl	233	204	437	19.9	12.7
<u>Rural:</u>					
Hawarden	281	216	497	11.5	12.3
Holywell	172	155	327	12.7	12.8
Maelor	43	27	70	14.6	10.4
St. Asaph	97	64	161	13.1	10.9
Total Urban	690	674	1,364	14.5	12.5
Total Rural	593	462	1,055	12.3	12.2
Whole County	1,283	1,136	2,419	13.4	12.2

* Adjusted by comparability factor for purpose
of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General -

Age Groups	Urban			Rural			Grand Total	
	Male	Female	Total	Male	Female	Total	Male	Female
Deaths in Age Groups 45 to 64	175	100	275	161	72	233	336	172
Deaths in Age Group 65 and over	464	541	1,005	391	371	762	855	912
T O T A L S	639	641	1,280	552	443	995	1,191	1,084

Grand Total - Both Sexes - 2,275

HEALTH SERVICES PROVIDED IN THE COUNTY ADMINISTRATION

Once again, during 1972, in accordance with Part III of the National Health Service Act, 1946, and subsequent amendments, the County Council provided the following services:-

- Section 21 Health Centres
 - 22 Care of Mothers and Young Children
 - 23 Midwifery
 - 24 Health Visiting
 - 25 Home Nursing
 - 26 Vaccination and Immunisation
 - 27 Ambulance Service
 - 28 Prevention of Illness, Care and After-Care

The County Medical Officer of Health and his staff based within the health department at Shire Hall, continued to administer the services throughout the year in accordance with the policies laid down by the appropriate committee of the Council.

As well as the statutory services, the health department continued to provide other services for the County Council, as described fully in the 1971 Annual Report, those services including the Emergency Call System, Medical Fitness of Staff, Examination of Driving Licence Applicants, together with Voluntary Organisation and the Helping Hand Fund.

Services provided under the National Health Service, Act, 1946 Section 21 - Health Centres:

Because of the increase in the attachment of staff (district nurses and health visitors) to general practitioners to provide a 'community care team' it is becoming evident that in certain instances accommodation available is not adequate. Additional accommodation can be provided either by doctors providing larger premises of their own or by the provision of health centres. If general practitioners are interested in practising from premises used jointly by them and the local authority it is the County Council's policy to provide such accommodation by means of a health centre. Unfortunately, to date, there is only one such centre in the county at St. Asaph but during the latter part of the year consultations took place

with the doctors in Buckley for the provision of a health centre and planning is in progress.

Section 22 - Care of Expectant and Nursing Mothers and Children under School Age:

Expectant and Nursing Mothers:

As in previous years, the 'combined' ante-natal clinics, established at Connahs Quay, Holywell, Mold and Rhyl, continued to function during 1972. The number of attendances were less than in previous years, which, of course, can be expected as the number of births recorded (excluding still-births) was lower, there being 2,960 as against 3,047 in 1971.

General practitioners continued to use the ante-natal clinics for the screening of mothes for selection of hospital cases and for consultation when any abnormalities occur.

Ante-Natal Clinics:

These clinics were well attended again during the year, there being a total of 1,311 new mothæss having been seen (see Table 7). The appointments system previously introduced continued to operate. Owing to restrictions in available finances the extensions to the clinics at Connahs Quay and Holywell did not materialise during 1972 as envisaged but every endeavour will be made to rectify this position during 1973.

Post-Natal Clinics:

As indicated in Table 7, there were 123 cases of post natal examinations carried out during 1972, this being an increase of 17 over the figure of 106 for 1971. It must be noted that as general practitioners carry out post-natal examinations as part of their obstetric care of their patients the total number of such examinations may well be in excess of 123.

Once again, I would like to thank Mr. Parry-Jones, Mr. Whitehouse, and Mr. Aiken, the Consultant Obstetricians and Gynaecologists, Clwyd and Deeside Hospital Management Committee and Wrexham, Powys and Mawddach Hospital Management Committee areas, for their help and co-operation during the year in providing very excellent consultant ante-natal cover for the whole county.

It is with regret that we learned of the death of Mr. G.A. Humphreys, to whom the county has been indebted for his services throughout the years.

Family Planning:

The Family Planning Clinics continued to be held at Connaught Quay, Flint, Mold, Prestatyn and Rhyl, operated by The Family Planning Association. The clinics were held weekly and the numbers of patients and attendances are given below:-

Clinic	No. of Sessions held	No. of Patients	Total Attendances
Connaught Quay	52	440	985
Flint	60	275	633
Mold	100	716	1,577
Prestatyn	52	371	935
Rhyl	69	603	1,531
Totals	333	2,405	5,661
Figures for 1971	270	1,692	4,665

As the figures indicate, the demand for the service is increasing and consequently the number of doctors sessions held had to be increased. The largest increase in sessions took place in Mold (100 as against 75 in 1971) and Flint (60, as against 48 in 1971) with marginal increases only in the other clinics.

Voluntary helpers run the above clinics, which are also attended by a doctor and nurse, both trained by the Family Planning Association. Valuable help and advice is given at the clinics, including advice to women with problems of sub-fertility or marital difficulties and to young persons before marriage.

During the year, it is hoped to introduce a Domiciliary Family Planning Service to help those women who need advice who do not or will not avail themselves of the facilities available from their own general practitioner or a family planning clinic.

Maternity outfits are provided on request for all expectant mothers having a domiciliary confinement. Stocks are held at the Health Department, Clinics, and homes of midwives. During 1972, 89 outfits were issued compared with 127 in 1971.

Mothercraft Classes are run by district midwives and health visitors and cover a planned programme of various subjects to enable a mother to cope physically, mentally and psychologically with all aspects of motherhood. During the year, there were 307 sessions held and the number of attendances was 1,745. There are 12 centres in the county.

Classes for fathers were introduced where the importance of their role was discussed and films on normal delivery were shown. During 1972, a survey was carried out by some mothers who attended the classes and it is encouraging to note that the survey showed great appreciation by the mothers of the value of the sessions. This good work will continue.

The number of sessions held and the number of attendances involved during 1972 at the various clinics are given below:-

Clinic	Sessions	New Cases	Attendances
Bagillt	8	9	17
Broughton	25	29	129
Buckley	33	41	230
Caergwrle	29	19	22
Connahs Quay	23	41	206
Flint	29	127	149
Greenfield	35	39	83
Holywell	13	102	102
Mancot	25	4	11
Mold	36	65	333
Prestatyn	43	29	86
Rhyl	51	74	404

Child Welfare - The Developmental Assessment procedures introduced in 1970 into some of our child health centres, particularly the larger centres in urban areas, continued during 1972. The trend is to screen all infants at child health clinics and to assess in depth those with any abnormality working

closely with the general practitioner and consultant paediatrician. Healthy children are only seen at specific times by appointment for further screening but those with any disabilities, physical or emotional, are followed up at more frequent intervals. Table 8 sets out various statistics in connection with Child Health Clinics.

Phenylketonuria and Other Screening - The Woolf Test for phenylketonuria, which consists of a urine test on all babies between the 10th and 14th day of life, still continues. In addition to testing for phenylketonuria this method also tests for Histedinaemia, Cystinuria, Tyrosyluria, Calactosuria, Proteinuria and Glucose.

All children are invited to a centre for a full examination between 2 and 6 weeks of age and a further screening test or assessment of development is carried out at 6 months of age. Further examinations are arranged annually until the child enters school - the examination at 4 years of age is regarded as a pre-school medical and replaces the examination on school entry. Tests for hearing are carried out at nine months and repeated at three to four years of age. Tests for squint are carried out on 2nd, 3rd and 4th birthday and for visual acuity on the 4th birthday. A great deal of advice and information is given to mothers at centres on care and management of their children, particularly in relation to immunisation and vaccination, feeding, prevention of infection and management of common childhood complaints.

Health Education - A great deal of valuable health education work is carried out by health visitors. In this context, also, parent counselling should be specifically mentioned and has assumed a very important position in relation to children found with various disabilities. It is important to advise these parents on the management of the condition on giving information regarding help and services available and on making plans for special education should this be necessary at a later date.

Mothers are still being persuaded to have their children immunised and vaccinated in accordance with the schedule in current use (details of which are set out in Section 26).

Rubella Vaccine (German Measles) is now offered to all girls at school between 13 and 14 years of age, Further information concerning immunisation and vaccination is given later in the report.

Child Health Centres - Much of the work at child health centres is now carried out by nursing staff except for vaccination against smallpox. Many parents take their children to general practitioners for immunisation and vaccination, the choice of general practitioner or child health centre rests with the parent. All immunisation and vaccination records are now mechanically handled by the computer based at the Shire Hall.

A Consultant Paediatrician attends at two centres in the county to deal with babies referred to her by general practitioners or clinic doctors, whose advice and help is required which may not necessitate special investigation or hospital admission.

The authority also operates a mobile clinic at seven centres in the rural parts of the county in addition to static clinics. The mobile clinic is an all-purpose clinic and undertakes all forms of work at each visit.

Mothers Clubs - At the end of the year the number of Mothers' Clubs established had increased from seventeen to twenty. Clinic premises were made available to mothers to meet.

Care of Premature Infants - During the year under review the number of premature live births which occurred at home or in a nursing home was 12. Of the 12 births at home and in nursing homes, 11 were nursed entirely at home and 1 was transferred to hospital.

There is no special domiciliary provision for premature live births, but liaison with the West Cheshire Hospital Management Committee, H.M. Stanley Hospital, St. Asaph, and the Maelor General Hospital, Wrexham, has always been good, and admission of cases readily obtained.

The Maternity Departments at the above three hospitals have premature baby nurseries with specially trained staff. Premature babies born on the district are transferred into these units in special incubators which are picked up at the hospitals and conveyed in the county ambulances to the home, and then the baby is transferred to the unit accompanied by a nurse from the premature baby nursery.

Premature babies born in hospital or on a district and later transferred to hospital are not discharged home until a report on the home conditions has been sent to the hospital by the health visitor for the area concerned. This report on the conditions serves two purposes:-

1. To make sure that the home is suitable for the discharge of the baby, and,
2. To inform the health visitor when the baby is being discharged so that adequate follow-up and advice can be given during the crucial first days or weeks that a premature baby is being cared for at home, and this is particularly important during the colder months of the year.

Welfare Foods Service - The distribution of welfare foods (National Dried Milk, Cod Liver Oil, Vitamin Tablets, Vitamin A.D. and C. Drops and Orange Juice), has been carried out during the year with the continued co-operation of the Women's Voluntary Service, Women's Institutes, Welfare Centre Voluntary Committees and Village Shopkeepers.

It will be noted that the amount of National Dried Milk distributed in 1972 was only slightly less than in 1971, the amount being 2431, compared with 2667 in 1971. The number of Vitamin Drops sold during the year was three times greater than in the previous year. The main depot is at the Ambulance Headquarters, Mold. Supplies of welfare foods are ordered from Messrs. B.R.S. Ltd, of Liverpool. Deliveries within the county are made by the Health Department vehicles.

Food Distributed, issued to beneficiaries and losses through breakages, etc, during the year were as follows:-

	NDM	CLO	Vit: Tab:	O.J.	A.D. & C. Drops
Issued against coupons	164	4	34	1	351
Issued to Hospitals	33	-	-	-	-
Issued for Cash	2,234	141	1,364	1,060	4,081
Out of date, damaged	338	108	-	-	476
Losses through breakages	30	1	4	7	2
	2,799	255	1,402	1,068	4,910

Summary of Cash and Coupons:

Issued:

Charge:

Amount:

National Dried Milk

a) By Cash	2,234	20p	£446.80
b) Free	164	-	-

Cod Liver Oil

a) By Cash	141	5p	£ 7.05
b) Free	4	-	-

Vitamin Tablets

a) By Cash	1,364	6p	£ 81.84
b) Free	34	-	-

Orange Juice

a) By Cash	1,060	7½p	£ 79.50
b) Free	1	-	-

Vitamin A.D. and C. Drops

a) By Cash	4,081	5p	£204.05
b) Free	351	-	-

Total Cash: £819.24

Dental Care:

The County Council has a duty to provide dental treatment for expectant mothers and children under 5 years of age, as these two groups are 'priority groups'.

At the end of the year one Principal Dental Officer, three full-time Dental Officers and two part-time (sessional) Dental Officers, were employed. There were also 10 Dental Surgery Assistants employed (three full-time and seven part-time).

Treatment was given to a limited number of persons in the priority groups, particularly so to children under 5 years of age. The following table gives information as to the dental care and treatment given to children under 5 years and to expectant mothers during the year:-

Number of visits for treatment during the year	Children 0-4 (Incl.)	Expectant and Nursing Mothers.
<u>Part A - Attendances and Treatment:</u>		
First Visits	179	64
Subsequent Visits	57	110
Number of additional courses of treatment other than first course commenced during the year	4	9
Treatment provided during the year -		
Number of fillings	176	96
Teeth Filled	155	86
Teeth Extracted	172	130
General Anaesthetics given	79	36
Emergency visits by patients	19	13
Patients x-rayed	-	10
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	3	21
Teeth otherwise conserved	21	-
Teeth Root Filled	-	-
Inlays	-	-
Number of courses of treatment completed during the year	128	46
<u>Part B - Prosthetics:</u>		
Patients supplied with F.U. or F.L. (first time)	-	1
Patients supplied with other dentures	-	4
Number of dentures supplied	-	8

Number of visits for treatment during the year	Children 0-4 (Incl.)	Expectant and Nursing Mothers
<u>Part C - Anaesthetics:</u>		
General Anaesthetics administered by Dental Officers	Total	of 10
<u>Part D - Inspections:</u>		
Number of patients given first inspections during the year	292	96
Number of patients in A. and D. above who required treatment	208	94
Number of patients in B. and E. who were offered treatment	208	94
Number of patients re-inspected during the year	4	9
<u>Part E - Sessions:</u>		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients.		
For treatment	48	
For Health Education	7	

TABLE 7

ANTE-NATAL AND POST-NATAL CLINICS - 1972

	Connaught Quay	Holywell	Mold	Rhyl	Total
A - Ante Natal Clinics (Shotton)					
1. Number of Sessions	52	52	52	50	206
2. Number of patients attending for first time this year	271	390	233	417	1,311
3. Total Attendances	1,291	2,006	1,680	2,161	7,138
4. Number of visits to general practitioners surgeries - 6891					
B - Post Natal Examinations:					
During 1972 there was a total of 123 post-natal examinations held at the various clinics throughout the county					

TABLE 8

CHILD HEALTH CLINICS - 1972

		Born in 1972	Born in 1971	Born in 1967-70	Total
1. Number of children who attended during the year		2,016	2,012	1,752	5,780
2. Number of sessions held during the year	Medical Officer	Health Visitors	G.Ps. employed on sessional basis	Hospital Medical Staff	Total
	271	327	54	-	652
3. Number of Registered Live Births during the year was					2,960

REPORT ON THE NURSING SERVICES - 1972

The nursing services cover Sections 23, 24 and 25 of the National Health Service Act, 1946, together with those concerned with nursing homes. During 1972, the midwifery, health visiting and home nursing services have continued to expand and details of these, together with information concerning staff, training, group attachment and other activities are referred to in the following report. Information concerning nursing homes is also included.

Section 23 - Midwifery Services:

The number of staff employed in carrying out the midwifery services for the county during 1972, are shown under the heading of 'Administration' earlier in the report.

Notification of Births:

The actual number of births notified in the county during the year under Section 203 of the Public Health Act, 1936, and the number as adjusted by transferred notifications were as follows:-

	Live Births Adjusted	Stillbirths Adjusted	Total Births Adjusted
Domiciliary	89	1	90
Institutional	2,871	28	2,899
T O T A L	2,960	29	2,989

In 1972, 3% of all expectant mothers residing in Flintshire had domiciliary confinements, as against 4% in 1971 and these were attended by district midwives in their own homes. All mothers confined in hospital and who lived in Flintshire had been discharged to their own homes before the 10th day after puerperium. These mothers had also been attended by the district midwives in their own homes who continued visiting for at least ten days after the delivery and for longer if necessary. In addition to this every mother who had booked to have her baby in hospital had been seen by the district midwife in her own home at least once during the pregnancy. Each district sister/midwife has been visited during the year for the purpose of seeing

practical work and for examination of records. In accordance with the rules of the Central Midwives Board, 5 visits have been made to the maternity hospitals by the Area Nursing Officer who is the Non-Medical Supervisor of Midwives. The Nursing Officers are responsible for the running of four combined hospitals and domiciliary ante-natal clinics. Two are attended by Consultant Obstetricians from H.M. Stanley Hospital and two from the Maelor Maternity Hospital. Midwives have also attended ante-natal clinics arranged by some of the general practitioners in their own surgeries. Cytology clinics were held in Connahs Quay, Mercier House Clinic, Rhyl and Mold Clinic.

The following Central Midwives Board notifications have been received:-

a) From Domiciliary Midwives:

Medical Aids	-
Still Births	- 1
Liabile to be a source of infection	-

b) From the Maternity Homes:

Medical Aids	- 1
Still Births	- 4

	<u>Discharged within</u>	
Number of cases delivered	2 days	424
in hospitals and other	3-7 days	2370
institutions but discharged	8 or more days	819
and attended by domiciliary	Total	<u>3613</u>
midwives		

Duty as Local Supervising Authority:

It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the authority or by Hospital Management Committees, or are engaged in private practice.

In Accordance with the Rules of the Central Midwives Board
Notification of Intention to Practise:

1. 58 Midwives practising in hospital or maternity home notified their intention to practise during 1972.
2. 50 Domiciliary Midwives (also carrying out general duties) employed by the County Councils notified their intention to practise during 1972.
3. There are no midwives in private practice.

Post Graduate Course - Rule G1:

Midwives have attended the statutory post graduate course run by The Royal College of Midwives, London.

The Flintshire Branch of the Royal College of Midwives organised a Study Day and various professional study periods throughout the year, for the benefit of all midwives, whether Local Authority or Hospital.

Two Midwives were chosen as delegates to attend the 16th International Confederation of Midwives in Washington D.C. 2,000 Midwives were present.

Pupil Midwives:

7 Nursing Students taking the obstetric course visited homes and clinics and 12 Pupil Midwives from H.M. Stanley Hospital have completed their community experience during their 2nd period training. This three months gives the pupil midwife a complete and comprehensive picture of the facilities available in the community and each set of 4 pupils had a 9 day lecture programme.

Section 24 - Health Visiting

Statistics in connection with the Health Visiting activities are given below:-

	Cases visited by Health Visitors	No. of Cases
1.	Children born in 1972	2,869
2.	Other children aged under 5	6,039
3.	Total number of children in lines 1 to 2	8,908
4.	Persons aged 65 or over	3,395
5.	Number included in line 4 who were visited at the special request of a general practitioner or hospital	1,260
6.	Mentally disordered persons	639
7.	Number included in line 6 who were visited at the special request of a general practitioner or hospital	149
8.	Number of tuberculous households visited	9
9.	Number of households visited on account of other infectious diseases	202
10.	Number of tuberculous households visited by Visitors for Chest Diseases	354

In addition, the work of the health visitors for the year under report included:-

Interviews with:-

General Medical Practitioners.....	2,618
Social Workers.....	2,525
Talks to Groups	688

The Health Visiting Service now has two Nursing Officers responsible for the day-to-day activities - the health visitors were joined by school nursing sisters in September, some of whom were clinic nurses. Regular Staff Meetings were held. All health visitors now work in close relationship with general practitioners in Attachment Schemes engaged in preventive health

care, developmental paediatrics and early ascertainment of handicap. Family planning advice and health education on cancer, drugs and 'positive health measures'. Support counselling to parents with children through home visits and the health supervision of the elderly, especially those at risk.

Section 25 - Home Nursing

Once again, this vital service continued to develop and expand. The four senior Nursing Officers held regular monthly meetings with their groups and arranged relief for off duty, most ably. Comprehensive nursing care would be impossible without sufficient equipment. The loan of aids, such as walking aids, wheel chairs and lifting hoists, and a good selection of nursing equipment delivered to a near-by clinic has been an important factor in retaining patients at home and for providing treatment on discharge from hospital.

Details of cases visited are shown in the table below:-

Type of Case	No. of Cases
Number of new cases	
(i) at home	6,015
(ii) in GPs surgeries	5,806
Total number of cases	11,821
Children under 5	272
Patients aged between 5 and 64 years	2,049
Patients aged 65 and over	3,694
Number of treatments in GPs Surgeries	17,289

Nursing Homes:

Nursing Homes registered with the authority under the Public Health Act of 1936, were regularly visited by the Area Nursing Officers during the year, and minor defects and improvements were dealt with promptly by all persons in charge. We had no occasion to exercise our powers under the Nursing

Homes Act, 1963, to compel owners to execute works within a specified period. One nursing home was re-registered in July to allow for expansion and during the year, two homes were closed.

As mentioned in previous reports, more and more of the patients admitted to nursing homes are aged persons and need varying degrees of nursing care. In recent years, some persons seeking registration have been advised to seek registration under Section 37 of the National Assistance Act for the care of the aged.

The position concerning the Nursing Homes in the county is given below:-

Return of work done by the authority under Registration of Nursing Homes (Section 187 to 194 of the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963)

	Number of Homes	Number of beds provided for		
		Maternity	Other	Totals
Nursing Homes registered during the year	-	-	-	-
Nursing Homes whose registrations were withdrawn during the year	2	-	30	30
Nursing Homes on the register at the end of the year	6	-	93	93

Visits were paid by district nursing sisters and health visitors to boarding houses where psychiatric patients are living.

Nursing Matters:

The total number of nursing staff employed is referred to under the section dealing with Administration.

Retirements:

During the year the following staff retired:-

Miss Gwyneth Jones, after 27 years service as a Health Visitor.

Mrs. Eira Pearse, after 25 years service as a Health Visitor.

Miss D.G. Asquith, 25 years as District Sister/Midwife and Nursing Officer.

Mrs. A.M. Fleming, 27 years as a District Sister/Midwife.

Mrs W. Jones, 8 years as a District Sister/Midwife.

Gratitude was expressed for good services and hope for a happy retirement.

Resignations:

During the year there were four resignations.

New Appointments:

During the year, three health visitors and 12 district nursing sisters were appointed, also 19 school nurses, a visitor for chest diseases and 3 nursing auxiliaries.

Death:

Mrs. M. Marks, District Sister/Midwife died on 31.12.72.

Training:

The health department places great emphasis on the training of nursing staff in order that they may keep abreast of the rapidly changing techniques and every effort is made, therefore, to afford training facilities to our staff, some of which are referred to below:

a) Health Visitors Certificate:

Preparations are under way to start training at the

Cartrefle College of Education, Wrexham, for September, 1973, and students from the North Wales Counties as well as Cheshire and Shropshire will be taking the year's course for the Health Visitors Certificate issued by The National Council for Education and Training of Health Visitors.

During 1972, 3 health visitor students commenced training of health visitors in Liverpool. Four students were successful in gaining the certificate. From the previous year, two were awarded distinctions. Two attended courses on post basic training at Llandudno.

b) National Certificate of District Nursing:

Five district nursing sisters and two State Enrolled nurses took their National District Nursing Certificate. The training took place in Wrexham for lectures and study days and tutorials and practical experience in Flintshire. The practical work instructors gave time and much encouragement to these students.

c) Midwifery:

Post-Graduate courses have been attended by midwives. These included study days run by the Royal College of Midwives, Flintshire Branch. Midwives attended a post-graduate course in accordance with the Central Midwives Board, Rule G1 and a course in accordance with Rule G2 at H.M. Stanley Hospital, St. Asaph. Three midwives have attended a post basic training course. There have been twelve pupil midwives who have completed their Part 2 District Training. This is by arrangement with H.M. Stanley Hospital, St. Asaph and Maelor Maternity Hospital, Wrexham. Lectures have been given to pupil midwives at H.M. Stanley Hospital. Each pupil has been visited for the purpose of seeing records and practical work. In addition to this, tutorials and visits have been arranged for each pupil midwife to incorporate the community health services. The teaching midwives played a valuable role in the training.

d) School Nursing:

An induction course for School Nursing Sisters in September gave a good start to the re-organised services. 18 Sisters

were appointed - 10 from existing members of staff. Schools have been allocated and more time is available which is appreciated by teachers. Health visitors are concerned with children in school from their general practice and also assist the sisters with Health Education programmes. Medical Officers now arrange medical examinations and 'school surgery' visits with the sister.

e) Inservice Training:

A programme of monthly lectures was arranged and some Hospital Study Days were shared. Joint study days were also arranged by the Social Services Department.

f) Management Training:

Eighteen nursing staff attended a course from 15th April to 9th June on Principles of Personnel Management and Control organised jointly with the Flintshire College of Technology.

g) Teaching Certificates:

Two Health Visitors gained their City and Guilds Certificate.

h) Communications were encouraged with other branches of the Health and Social Services by :-

- (i) Exchange visits with hospital staff with five hospitals - 53 visitors were welcomed.
- (ii) The regular visiting by health visitors to hospitals to co-ordinate care after discharge and links with relatives and other services. Results of these have been most encouraging.
- (iii) Visits by district nursing sisters to hospitals to discuss nursing care with the ward sister or consultant.
- (iv) Unified lists of all staff with telephone numbers.
- (v) Telephone message service for patients discharged from hospitals and maternity homes at the Health Department at Shire Hall.
- (iv) Good co-operation and communications were maintained with the social workers of the Social Services Department and some attended staff meetings.

i) Visits to Hospitals and Other Authorities:

Visits were paid by 47 staff to hospitals in Oswestry, west Cheshire, H.M. Stanley, Royal Alexandra, Clatterbridge. One Nursing Officer spend a month in Brighton observing a similar sized health authority. One health visitor went to East Kilbride to see the health care services for the elderly.

j) Training of Students from Hospitals and Universities:

Programmes were arranged and lectures given at the Pre-Nursing Course at the Flintshire College of Technology. Two student nurses studying under the 1969 Syllabuses of The General Nursing Council from the Royal Alexandra Hospital, Rhyl, undertook community experience in October, 1972, for six weeks and had 13 study days as well as practical experience in Group Practice. Five overseas students enjoyed programmes of visits.

k) Health Education:

This was developed in many successful ways in Parentcraft Classes, talks to individuals and groups in schools and general practices, as well as to Voluntary Organisations, Two health visitors are now developing schemes in Health Education.

l) Group Practice Liaison and Attachment:

All the staff in health visiting and district nursing and midwifery now work with general practitioners in the care of the patients of the practice. Suitable accommodation is not always available for interview or treatment but the increase in surgery treatments show a rise from 3,953 in 1968 to 17,289 in 1972. When more health centres with interview and treatment room facilities are available it will make for greater help for patients.

m) Other Activities:

Screening Tests - The Woolf Test was carried out on 12 day old babies for the detection of Phenylketonuria. No positive cases were found in 1972. Cytology and breast examination was offered to all women and clinics were

attended by district nursing sisters. Hearing tests were offered to babies of nine months of age and other tests in development were used to screen children of six weeks, nine months and three years. Screening of elderly patients was carried out by some district nursing sisters and health visitors under the guidance of the general practitioner for blood pressure - haemoglobin and weight and urine/analysis. Protection against disease included BCG Programmes - Immunisation, Influenza Vaccine and German Measles Vaccine. The nursing staff played a major part together with medical officers or general practitioners. Visitors for Chest Diseases have followed up all known contacts of tuberculous patients and contacts of patients with venereal disease were traced.

Future needs have been studied and more staff will be required to develop new services and meet the requirements of new families and retired people in the county.

An article on Hypothermia was published by the Nursing Mirror from a contribution by a member of the Nursing Service.

Nursing Auxiliaries:

In June, three nursing auxiliaries were appointed for Rhyl and Prestatyn and have proved invaluable to the District Sisters to whom they are attached for certain days. An increase in this service to cover other areas is much needed. A time study revealed that 47% of nursing time is spent in the care of patients at home. 13% of this time is taken up with bathing by district sisters (1971).

The work load of these auxiliaries during 1972 included 28 new cases, a total of 738 cases treated and a total of 1,104 visits were made.

A Night Care Service is being planned for 1973, especially for terminal illness - not cancer, where The Marie Curie Service is unable to assist. This latter service of nursing care and the welfare work of this organisation has been much appreciated by patients and relatives.

Voluntary Help:

A great fund of good will exists and we are grateful for the encouragement and progress made by social workers. The nursing care given by the Little Sisters of the Assumption, Holywell, has been much appreciated by their patients.

Assistance given by the members of the British Red Cross and St. John's Ambulance Organisations has been most helpful and is again appreciated.

The Area Nursing Officers have made visits to staff for the purposes of assessment and encouragement and this has been appreciated. Many problems are smoothed out in this way and opportunities have been used to bring health visitors and district nursing sisters into close collaboration.

It has been a year of progress and we are working towards a future integrated Health Service.

P.M. MATTHEWS

Director of Nursing Services

I. SHEPHERD

H. LAMBERT

Area Nursing Officers

SECTION 26 - VACCINATION AND IMMUNISATION

Once again, during 1972, the computer controlled scheme introduced in 1969 continued to operate throughout the county in connection with the immunisation and vaccination programme. As in recent years, the agreed schedule of vaccination offered to babies in the county has again been used, the list being as follows:-

4 Months of age	Triple Vaccine (Diphtheria Tetanus and Whooping Cough) plus Oral Polio Vaccine
6 Months of age	Triple + Polio
10 Months of age	Triple + Polio
12 Months of age	Measles Vaccine
School entry (5 years of age)	Diphtheria/Tetanus vaccine+ Polio
13 Years of age	BCG Vaccine (against tuberculosis)

I must point out again that smallpox vaccination is now only administered to patients as and when requested.

Vaccination against Rubella (German Measles) was introduced late in 1970 and the campaign for young girls was continued during 1972. This received a great response as the figures (2,298) shown in Table 9 indicates, compared with 1,512 in 1971. Details of the BCG Vaccination work done for contacts, children and young persons are given in Table 10.

TABLE 9

VACCINATION OF PERSONS UNDER 16 COMPLETED DURING 1972

Part 1 - Completed Primary Courses - Number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total	Totals	
	1972	1971	1970	1969	1965-1968			1971	1970
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-	-	-
2. Triple D. T. P	190	2491	181	23	5	-	2890	3438	3570
3. Diphtheria/Pertussis	-	-	-	-	-	-	-	1	4
4. Diphtheria/Tetanus	1	12	9	49	24	3	98	223	266
5. Diphtheria	-	-	2	-	-	-	2	2	4
6. Pertussis	-	-	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	-	33	34	72	110
8. Salk	-	-	-	-	-	-	-	-	-
9. Sabin	149	2611	175	79	11	8	3033	3633	3926
10. Measles	2	1421	395	63	9	8	1808	2083	2961
11. Rubella	-	-	-	-	-	2298	2298	1512	43
12. Lines 1+2+3+4+5 (Diphtheria)	191	2503	192	72	29	3	2990	3664	3844
13. Lines 1+2+3+6 (Whooping Cough)	190	2491	181	23	5	-	2890	3439	3574
14. Lines 1+2+4+7 (Tetanus)	191	2503	190	73	29	36	3022	3733	3946
15. Lines 1+8+9 (Polio)	149	2611	175	79	11	8	3033	3633	3926

TABLE 9 (a)

Part 2 - Reinforcing Doses - Number of Persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total	Totals	
	1972	1971	1970	1969	1965- 1968			1971	1970
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-	-	-
2. Triple D. T. P.	-	5	12	53	63	5	138	145	341
3. Diphtheria/Pertussis	-	-	-	1	-	-	1	5	2
4. Diphtheria/Tetanus	-	-	26	1505	413	6	1950	2545	2134
5. Diphtheria	-	-	-	2	-	1	3	8	4
6. Pertussis	-	-	-	-	-	-	-	-	-
7. Tetanus	-	-	-	12	20	45	77	182	86
8. Salk	-	-	-	-	-	-	-	-	-
9. Sabin	1	9	32	1561	189	122	1914	2792	2477
10. Lines 1+2+3+4+5 (Diphtheria)	-	5	38	1561	476	12	2092	2703	2481
11. Lines 1+2+3+6 (Whooping Cough)	-	5	12	54	63	5	139	150	343
12. Lines 1+2+4+7 (Tetanus)	-	5	38	1570	496	56	2165	2872	2561
13. Lines 1+8+9 (Polio)	1	9	32	1561	189	122	1914	2792	2477

TABLE 10

BCG VACCINATION AGAINST TUBERCULOSIS YEAR 1972

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme:

(Circular 19/64 (Wales))

(i) Number skin tested	147
(ii) Number found positive.	63
(iii) Number found negative.	78
(iv) Number vaccinated.	59

B. School Children and Students Scheme

(Circular 19/64 (Wales))

(i) Number skin tested	2125
(ii) Number found positive.	206
(iii) Number found negative.	1949
(iv) Number vaccinated.	1863

SECTION 27 - AMBULANCE SERVICE

The following tables show the number of patients conveyed by Ambulances and hired Sitting Case Cars during the year 1972. Also given for the purpose of comparison are the figures for 1971 and 1955, together with the number of journeys and mileage involved.

AMBULANCES

Years	Stretcher and Chair Cases	Walking Cases	Journeys	Mileage
1972	17,317	52,151	14,172	535,394
1971	14,674	51,418	13,491	502,998
1955	5,544	19,745	8,201	269,353

HIRED SITTING CASE CARS

Year	Patients	Journeys	Mileage	Cost
1972	3,189	1,761	46,687	£3160.32
1971	2,878	1,542	40,139	£2753.58
1955	14,507	6,139	157,643	£8137.19s 1d

PATIENTS TRANSPORTED BY RAIL

Thirty eight patients were conveyed by rail during the year to various parts of the country involving 6,862 miles.

In 1971, twenty seven patients were conveyed involving 4,934 miles.

The following table shows how the above work was carried out by the six Ambulance Stations situated within the County

Stations	1972						1971						1955					
	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage
Mold	10	8	3575	10906	3188	118174	11	8	2854	11276	3184	113977	4	3				
Rhyl	11	6	5191	13198	3436	107811	12	5	4716	12102	3166	97875	4	3				
Queensferry	12	5	3329	7592	2804	94051	10	5	2642	8200	2542	87255	3	2	5544	19745	8201	269353
Holywell	11	5	2981	8284	2519	103494	10	5	2739	8717	2602	104844	3	2				
Flint	6	4	2111	10525	1910	88950	6	4	1584	9174	1673	73556	2	1				
Hammer	1	1	130	1646	315	22914	1	1	139	1949	324	25491	-	-				
TOTALS	51	29	17317	52151	14172	535394	50	28	14674	51418	13491	502998	16	11	5544	19745	8201	269353
+ Over '71	+1	+1	+2643	+733	+681	+32396												

CONVEYANCE OF PATIENTS TO AND FROM LIVERPOOL AND MANCHESTER HOSPITALS

During the year 587 journeys were made to Liverpool to convey 2044 patients and 106 journeys to Manchester to convey 191 patients. In 1971, 1,779 patients were conveyed to and from Liverpool Hospitals and 210 patients to and from Manchester.

ANALYSIS OF ALL PATIENTS

	1972	1971	1955
Road Traffic Accidents	1226	1017	223
Miscellaneous Accidents		1185	111
Maternity Cases	661	759	246
Emergency Cases	3820	5357	1279
Infectious Cases	21	8	79
General Removals and Clinic Cases	66929	60644	37839
Patients by Rail	38	27	19
T O T A L S	72695	68997	39796

The average number of Accidents and Emergency calls every 24 hours during the year was 15.7.

Average number of patients carried every 24 hours during the year was 199.16.

The apparent reduction in the number of accidents etc. is due to the introduction of a new system of evaluation

OTHER SECTIONS - ANCILLARY WORK

	<u>Journeys</u>	<u>Persons</u>	<u>Mileage</u>
Mobile Clinic Sessions	135	-	2567
Conveying to Clinic	-	1780	1826
School Health Clinic	44	-	721
Dental Clinic	7	-	193
Conveying to Dental Clinic	5	32	247
'Day Cases' to Homes for the aged	-	507	3270*

	<u>Journeys</u>	<u>Persons</u>	<u>Mileage</u>
Welfare Foods & Medical Equipment	167	-	7454
Conveyance of Ysgol Gogarth pupils	11	26	149
Training	1	-	20
Collecting Equipment after operation 'Fallbird'	1	-	17
VDM 156 MOT	1	-	8
Education Department	14	-	625
Social Services	5	-	158 *81 miles
Sports meeting etc.	2	-	20
	393	2345	17275
			*less 3351
T O T A L S	393	2345	13924

* - Mileage included in Ambulance Return

Total statistics of Ambulances, Sitting Case Cars, and Trains showing the total number of Patients and Persons, total journeys and total miles with comparative figures for 1971 and 1955.

	1972	1971	1955
Total patients by Ambulance	69468	66092	25289
- persons by Ambulance	2345	4238	-
- patients by hired Sitting Case Cars	3189	2878	14507
- patients by Train	38	27	19
	75040	73235	39815

JOURNEYS

	1972	1971	1955
Ambulances	14565	13898	8201
Hired Sitting Case Cars	1761	1542	6130
	16326	15440	14331

MILEAGE

	1972	1971	1955
Ambulances	549318	520577	269353
Hired Sitting Case Cars	46687	40139	157643
Rail Mileage	6862	4934	-
	602867	565650	426996

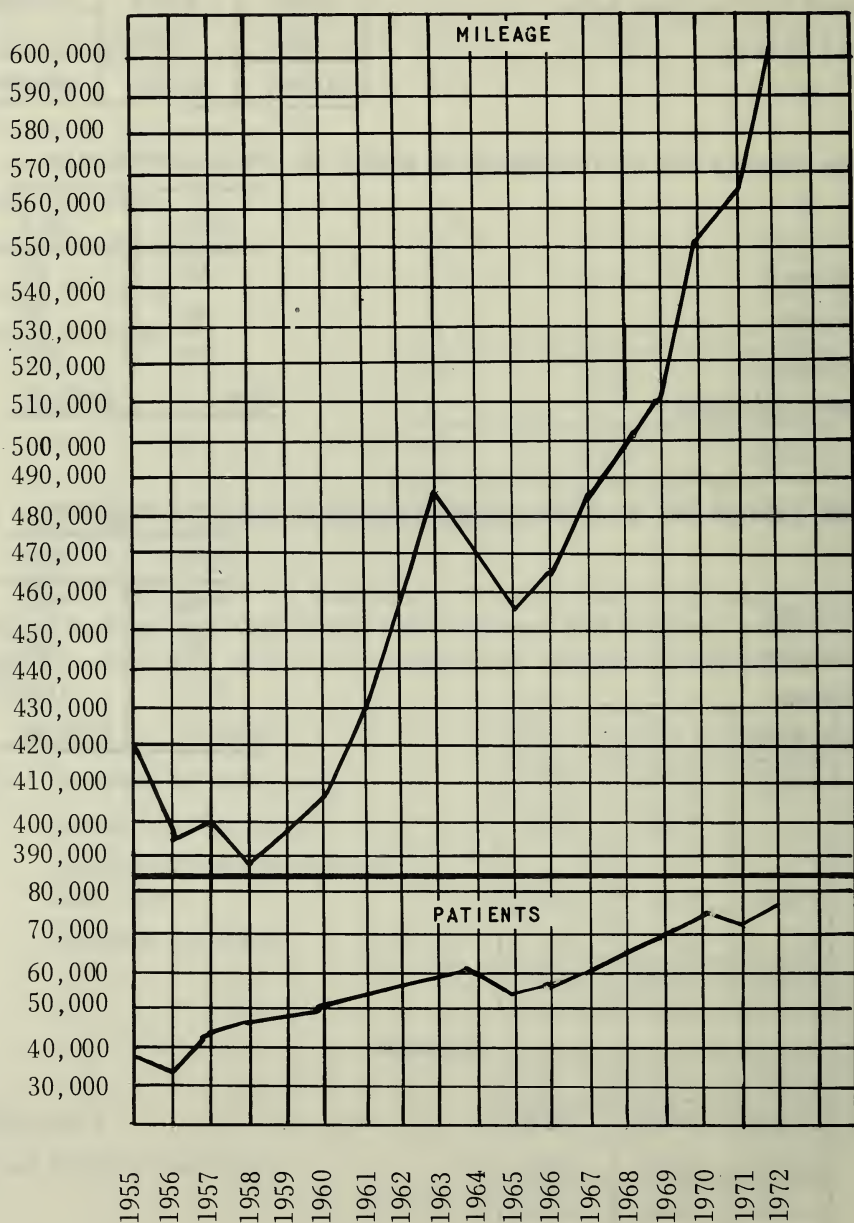
WORK CARRIED OUT BY FLINTSHIRE ON BEHALF OF OTHER AUTHORITIES

	1972	1971
Patients	69	42
Journeys	43	39
Mileage	792	467
Cost - Claimed	£180.73	£107.56

WORK CARRIED OUT BY OTHER AUTHORITIES ON BEHALF OF FLINTSHIRE

	1972	1971
Patients	104	129
Journeys	93	100
Mileage	1512	1615
Cost-Paid	£452.97	£290.88

The following graph shows total mileage by Ambulances, Sitting Case Cars and British Rail, also the total patients and others conveyed by all transport used for their conveyance.



NEW AMBULANCES 1972

Four new ambulances were purchased in the 1972-73 financial year. Two standard type ambulances fitted with Lomas fibre-glass bodies to our specification on the Ford 25 cwt. Transit Ambulance chassis were delivered. One 25cwt. Transit Van converted to dual purpose vehicle and one Ford Cortina 2000L. Estate Car converted to an ambulance for long distance work.

TOTAL NUMBER OF VEHICLES IN THE SERVICE AS AT THE 31ST DECEMBER, 1972

Type	Diesel	Petrol	Total
Standard Ambulances B.M.C. Chassis	2	6	8
Standard Ambulance (Dual Purpose)		1	1
Dual Purpose (B.M.C. Conversion)		1	1
Standard Ambulances Ford Transit Chassis		9	9
Ford Cortina Conversion		1	1
Dual Purpose Ford Transit Conversion		5	5
Land Rovers		3	3
Commer Dual Purpose		1	1
Commer C.D. Van Health Department		1	1
T O T A L S	2	28	30

TRAINING

Four Trainee Ambulancemen attended a six week course in Ambulance Work at Wrenbury Hall, Cheshire, and the two week refresher course was attended by fourteen long service members of the operational staff. Hospital training was introduced at the latter end of the year. By the 31st December, 1972 six junior officers had attended a course of one weeks duration at the Chester Royal Infirmary. This course is proving to be a splendid source of information, which will benefit each and everyone that has the good fortune to attend.

ANNUAL COMPETITION

Again Ysgol Maes Garmon, Mold was the venue for the County Ambulance Competition. On Saturday the 13th May, 1972 five teams competed in this the sixteenth. The stations represented were - Mold, Rhyl, Queensferry, Holywell and Flint. Mr P.J. Hunt, County Ambulance Officer for Salop County Council, and his Staff set and judged the team and attendants' tests. Sergeant R. Morris of the Gwynedd Constabulary adjudicated the driving. The team test was won by Holywell, Section Leader G.E. Hughes and Leading Ambulanceman T. Evans. The runners up were Leading Ambulanceman G. Ellis and Ambulanceman R.E. Hughes of Flint. The successful team also won the individual tests; Section Leader G.E. Hughes as top driver, and Leading Ambulanceman T. Evans as the best attendant gained the D.J. Jones' and G.W. Roberts' trophies respectively. The awards were presented by Alderman Dr D.B. Chowdhury, Chairman of the Health Committee, Alderman Norman Stewart O.B.E., Vice Chairman of the County Council and Alderman Arthur Jones O.B.E., J.P., Chairman of the Road Safety Committee, presented the Safe Driving awards.

MAJOR ACCIDENT EXERCISE 'FALLBIRD'

A major Accident 'Fallbird' was arranged at Moel-y-Parc on Sunday September 17th 1972. This Major Accident was kept a top secret incident in order to test the resources of all the services. Ten ambulances were mobilised and turned out in Flintshire supported by three ambulances from Denbighshire and one St. John's Ambulance Brigade from Mold. Sixty-three casualties were conveyed to hospitals in Rhyl and Colwyn Bay with thirty-seven casualties ('eleven dead') remaining at the scene when the incident was brought to a close.

The mileage travelled by the vehicles involved were as follows:-

F.C.C. Staff, Officers and Ambulances =	631	(excluding
Denbighshire	255	M.O.H.'s
St. John's Brigade	60	mileage)
	<u>946</u>	

OPERATION 'MADEX'

In October, 1972 members of the Flintshire County Ambulance Service together with The County Medical Officer, The County Ambulance Officer and Training Officer joined

forces with the Police and Fire Services to demonstrate The Flintshire County Councils Major Accident Procedure to the other North Wales Authorities.

COMMUNICATION EQUIPMENT

The Radio scheme for the Ambulance Service was replaced during 1972 with the new V.H.F., 10 channel Mobile Sets.

SICKNESS

Over the year an average of 5.18 men were off through sickness, when a total of 1623 working days were lost.

ESTABLISHMENT

The establishment of the Ambulance Service as at the 31st December, 1972 was as follows:-

Head of Department	County Medical Officer of Health
Officer in Charge	County Ambulance Officer
Section Officers	2
Clerical Staff	3
Control Staff	7
Section Leaders	4
Leading Ambulancemen	10
Ambulancemen	36
Part-time Ambulance Driver (Hanmer)	1
Mobile Clinic Driver	1
Motor Mechanic and Assistant	2
Part-time Cleaners	2

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) Tuberculosis: As in previous years cases on the register, including newly notified cases were visited during the year by the two Visitors for Chest Diseases. When necessary repeat visits were paid to cases particularly to those where social, financial or other factors made this desirable.

Home visiting of the tuberculous has a two-fold purpose, namely, to help the patient and his or her family as regards the illness and to give every assistance with the social and economic factors arising as a result of the illness.

All contacts of newly diagnosed cases were visited and advised to attend a Chest Clinic for examination and BCG vaccination if found suitable and under 21 years of age. Table 11 shows the number of Tuberculosis cases for 1972.

(b) BCG Vaccination: School children and young persons attending colleges and universities continued to be vaccinated during the year. BCG vaccine was offered to those over thirteen years of age receiving full-time or part-time education. At the end of the year, 1863 young persons had received BCG vaccine under this scheme which is administered directly by the Health Department. These persons are in addition to those receiving BCG vaccine from the Chest Physicians.

All chest x-rays are now only carried out by arrangement with Consultant Radiologists and a payment is made only for cases who do not come into the categories defined as contacts of children by The Department of Health and Social Security. If any abnormality is found a copy of the report is sent to the patient's own doctor.

(c) Cervical Smears continued to be examined at the Pathology Laboratories at Rhyl, Chester and Wrexham, where specially trained staff examine the smears. All women 35 years of age and over can have cervical smears taken at Health Department clinics held at Rhyl, Connahs Quay, Mold, Buckley and Shotton or by their own general practitioners. Cervical smears are also taken on request at Family Planning Clinics.

Smears taken during 1972:-

Local Health Authority	General Practitioner	Family Planning Association	Others	Total
977	1,854	1,370	739	4,940

Of these 14 were positive and were referred to a Consultant Obstetrician for further investigation and treatment. All cases referred for further investigation did, in fact, attend and accepted the treatment recommended. A certain number of smears were reported as doubtful or suspicious and these patients attended for a further smear a month or two later.

A great deal more smears could be examined at the laboratories but we still find it difficult to persuade women to come forward for the examination although considerable publicity has been given to this new service. There was, however, a 62% increase over the figures for 1971.

(d). Illness generally: Grants of milk, etc., are made by the Health Committee to persons suffering from tuberculosis and other forms of illness, and to mentally subnormal patients living in their own homes. 185 such persons were assisted in 1972 and the cost of this was approximately £4,500, a substantial increase over previous years.

(e) Medical Loan Service: During the year, the Health Department continued to operate this scheme for loaning equipment to patients cared for at home under the provisions of the Health Services and Public Health Act, 1968. Over 3,000 items of equipment are available for this purpose including aids to mobility, aids for bath and toilet, lifting aids, etc. The scheme is based at Mold and is administered by the Health Department.

Under the Local Authority Social Services Act, 1970, powers were granted to the Director of Social Services to provide loan equipment for handicapped and other persons in need of such help. It was, however, agreed not to open two loan depots and that the Health Department would administer the scheme for the two departments which is, in fact, the current position.

Because of the re-organisation of the health services scheduled for April, 1974, the two departments will be under different authorities. The new Area Health Authority, which will be responsible for the functions currently carried out by the Health Department, will still need loan equipment for district nursing sisters and others providing medical and nursing care in the community but this will only be a small part of the total required by the Social Services Department for its own use.

In considering the future policy in relation to this worthwhile scheme it was agreed that the present scheme will continue until 1974 when 'nursing' items will be transferred to the Area Health Authority and the other items relating to county property will become the responsibility of the Social Services Department.

(f) Convalescent Scheme: During the year, the Health Department continued to accept financial responsibility for periods of convalescence in convalescent homes in respect of needy cases, charges being recovered according to the financial circumstances of the patients. There were 142 cases during the year.

(g) Chiropody Service: On 1st July, the County Council appointed two full-time chiropodists working both in clinics and in patients' own homes. This service has been operating side by side with the service run through the voluntary bodies, the fees being paid by the council. During 1973, it is hoped to appoint two more full-time chiropodists and the council will then have its own full-time chiropody service. Details of patients and treatments are given below:-

NUMBER OF PERSONS TREATED DURING THE YEAR:

	By Local Authorities	By Voluntary Organisations	Total
Persons aged 65 and over	921	1,543	2,464
Physically handicapped and disabled under 65	4	-	4
Expectant Mothers	-	-	-
Others	39	25	64
T O T A L S	964	1,568	2,532

NUMBER OF TREATMENTS GIVEN DURING THE YEAR:

	By Local Authorities	By Voluntary Organisations	Total
In clinics	1,346	-	1,346
In patients' homes	661	3,285	3,946
In old peoples' homes	1,488	-	1,488
In Chiropodists surgeries	-	11,049	11,049
T O T A L S	3,495	14,334	17,829

TABLE 11

TUBERCULOSIS - CARE AND AFTER-CARE

	During 1972								
	Males			Females			Total		
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total
1. Number of cases notified to Chest Visitors:-									
Respiratory	-	8	8	1	4	5	1	12	13
Non-Respiratory	1	1	2	-	2	2	1	3	4
T O T A L	1	9	10	1	6	7	2	15	17
2. Number of persons in contact (at home) with above cases:-									
Respiratory	5	10	15	4	16	20	9	26	35
Non-Respiratory	2	4	6	3	15	18	5	19	24
T O T A L	7	14	21	7	31	38	14	45	59
3. Of the 'contacts' shown in (2) above, number known to have been examined by Chest Physician:-									
Respiratory	5	9	14	1	10	11	6	19	25
Non-Respiratory	2	4	6	3	14	17	5	18	23
T O T A L	7	13	20	4	24	28	11	37	48

INFECTIOUS AND OTHER COMMUNICABLE DISEASES

In accordance with statutory regulations, reports on cases of notifiable diseases continued to be received by the County Medical Officer from the Medical Officers of Local Authorities. The close co-operation between the County Health Department and District Councils in the control of infectious diseases continued throughout the year.

Fees for notifying infectious cases are paid to doctors by District Councils who can recover their full amount from the County if copies of the notifications have been sent to the County Health Department.

The number of notifications received from District Medical Officers during the year was as follows:-

Smallpox	-
Leptospirosis	-
Diphtheria	-
Dysentery	24
Typhoid Fever	-
Infective Jaundice	6
Food Poisoning	27
Measles (excluding Rubella)	721
Acute Meningitis	3
Ophthalmia Neonatorum	2
Paratyphoid Fever	-
Acute Encephalitis - Infective	-
- Post Infective	-
Acute Poliomyelitis - Paralytic	-
- Non-Paralytic	-
Tetanus	-
Puerperal Pyrexia	-
Scarlet Fever	28
Tuberculosis - Respiratory	17
- Meninges and CNS	1
- Other forms	2

Whooping Cough	4
Malaria (contracted abroad)	-
Relapsing Fever	-
Cholera	-

835

The number of infectious diseases notified during the year showed an increase compared with previous years, 835 cases being reported in 1972, as against 434 in 1971. There was an increase in the number of cases of measles notified, 721 compared with 67 last year.

During the year, I continued to use four group practices in the county as 'spotters' for outbreaks of infectious illnesses, whereby doctors in these practices notify me when cases of infectious diseases show any changes in their area.

This procedure enables me to keep track of any outbreaks which might occur. In this way, action can often be taken to advise schools and staff of what is happening and to take steps to prevent or limit spread of infection.

During the year, there was a decrease in the cases of dysentery notified, 24, as against 177 in 1971. Food poisoning cases are usually more serious than dysentery and the total cases occurring was probably much higher than the number notified, namely, 27 cases, as against 29 last year.

Cases of infectious illness requiring hospital treatment were admitted to accommodation at Colwyn Bay Isolation Hospital, Wrexham Isolation Unit or Clatterbridge Hospital

Details of deaths from tuberculosis during 1972, showing those in males and females and due to respiratory and non-respiratory illnesses are given below.

DEATHS FROM TUBERCULOSIS, 1972

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Tuberculosis of Respiratory system	-	1	1

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Late effects of Respiratory T.B.	4	-	4
Other Tuberculosis	-	-	-
	<hr/>		
T O T A L S	4	1	5
	<hr/>		

Usually, there is a slight variation from year to year in the number of cases of tuberculosis diagnosed. In 1972, however, there was a total of 20 cases as compared with 37 in 1971.

Each individual case has been thoroughly investigated and all contacts followed-up. There were no concentration of cases in any particular area or in any one age group, cases were sporadic and widely spread. Death rates remained very low in 1972 at 5 and showed no marked change over previous years.

During the year, the close co-operation existing in the past with the Department of Health and Social Security and the Group Resettlement Officer of the Department of Employment and Productivity has been maintained.

Once again, I would like to thank Dr E. Clifford Jones, Dr J.B. Morrison and Dr R. W. Biagi, the Consultant Chest Physicians, who serve Flintshire, for their ready co-operation and valuable assistance in the work of prevention and after-care of tuberculosis.

Only very strongly positive mantoux children were referred to Radiologists for a chest x-ray in connection with our BCG Scheme.

Venereal Diseases:

The centres at Chester, St. Asaph, Wrexham and Liverpool continued to treat patients during 1972 and from the figures quoted below it can be seen that the incidence of Venereal Disease is still on the increase, there being 669 cases in 1972 as against 513 during 1971 and 273 in 1970.

Table Overleaf

Type of Disease	Chester	St.Asaph	Wrexham	Liverpool	Total Numbers
Syphilis	2	1	-	-	3
Gonorrhoea	37	47	35	1	120
Other Conditions	183	213	139	11	546
T O T A L S	222	261	174	12	669

FOODS AND DRUGS ACT

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

Food and Drugs Act, 1955

a) Labelling and Composition of Food

508 samples of various food stuffs were submitted to the County's Public Analyst for chemical analysis during the year. The Public Analyst reported adversely on 34 samples being 5 formal and 29 informal samples. Of these samples reported as non-genuine 14 were samples of milk, 2 informal samples contained added water and the remainder had total solids deficiencies. The producers of the adulterated milk were cautioned and subsequent samples were found to be satisfactory. Producers of genuine, but milk below the presumptive legal standard, were advised to contact the advisory service of the Ministry of Agriculture.

b) Control of milk-borne disease

1. Bacteriological Examination

At the end of the year under review there were 138 producer/retailers in the county licensed by the Ministry of Agriculture and Food to sell Untreated Milk. With the much valued assistance of the Milk Testing Laboratory service of the Ministry of Agriculture a total of 722 bulked samples of milk were taken from the above producer/retailers. 54 of these samples were returned as positive milk test for Brucellosis. This necessitated the examination of 30 milking herds and a further total 510 individual herd samples were taken. This resulted in 47 animals being found to be producing infected milk and subsequently these animals were sent for slaughter. In only one case was it found necessary to have served a 'pasteurisation order'.

BRUCELLOSIS - EXAMINATION OF UNTREATED MILK SUPPLIED BY RETAIL

1.	Number of Licensed Producer/Retailers of Untreated Milk (at 31.12.72.)	138
----	--	-----

2.	Number of Producer/Retailer Herds in Brucellosis Incentive Scheme (at 31.12.72.)	32
3.	Annual Gallonage of Untreated Milk sold by retail (Estimated)	250,000 Gallons
4.	Number of Bulkied Samples submitted to Public Health Laboratory for Brucella Examination	722
5.	Number of Bulkied Samples found to be ring test positive	54
6.	Number of Bulkied Samples found to be culture positive	18
7.	Number of Herds investigated for Brucella	30
8.	Number of individual cow samples taken for Brucella Investigation	510
9.	Number of animals in Producer/Retailer Herds found to be giving Brucella Infected Milk	47
10.	Number of Pasteurisation Orders served by District Medical Officer of Health	1

It is now established County Council policy to encourage all producer/retailers of milk to join the Brucellosis Incentive Scheme and that a condition for the renewal of a producer/licence should be membership of the Incentive Scheme.

2. Biological Examination

The incidence of bovine tuberculosis being found in milk has now fallen so low that upon the advice of the Public Health laboratory service routine biological examination of milk supplies is now no longer requested. However in special circumstances biological examination of milk is still undertaken. No evidence of Tuberculosis was found in any farm bottled milk.

3. Anti biotics in Milk

12 samples of milk submitted to the Public Health Laboratory were found to contain more than 0.05 i.u. Penicillin. Upon investigation it was found that antibiotics for veterinary use are freely available to stock keepers and advice and directions for their proper application are clearly printed. In some instances it was recommended that milk from the animal being treated should be discarded for a period of 48 hours after treatment and in other instances it was recommended that milk should be discarded for a period of 21 days after treatment, and it is in this variance that I feel the problem of antibiotics in milk arises. To anyone using veterinary antibiotics could I again repeat the advice given. - 'Read the directions first and stick to them vigourously'.

Fertilizer and Feeding Stuffs Act

16 samples of Fertilizer and 42 samples of Feeding Stuffs were taken for analysis. The Analyst reported that all samples conformed to the requirement of the Fertilizer and Feeding Stuffs Regulation 1968. After making due allowance for the permitted limits of variation.

Diseases of Animals (Waste Food) Order 1957

The order deals mainly with the diligence of collection and distribution of waste food; with its sterilization prior to animal feeding; with the maintenance of sterilization machinery; the cleansing of waste food bins prior to their return to the collection points; the cleansing and use of vehicles engaged upon waste food collection; and generally the prevention of spread of animal disease through waste food. Each waste food treatment plant holder is licenced by the County Council. At the end of 1972 there were 20 licences operative under the Waste Food Order. Supervision involved regular visits to and inspections of each plant and conditions in the main were found to be satisfactory.

Health Education

Talks and film shows were given to various groups and organisations including canteen staffs, Home Economic Students and hospital kitchen staffs upon food hygiene, environmental health and the composition and labelling of food.

H. E. ROBERTS

County Public Health Officer

REORGANISATION OF THE NATIONAL HEALTH SERVICE IN WALES

The Welsh Office issued a document on Management Arrangements for the Reorganised National Health Service in Wales in September, 1972.

A brief report is given below on the way reorganisation will affect the present health services in Flintshire.

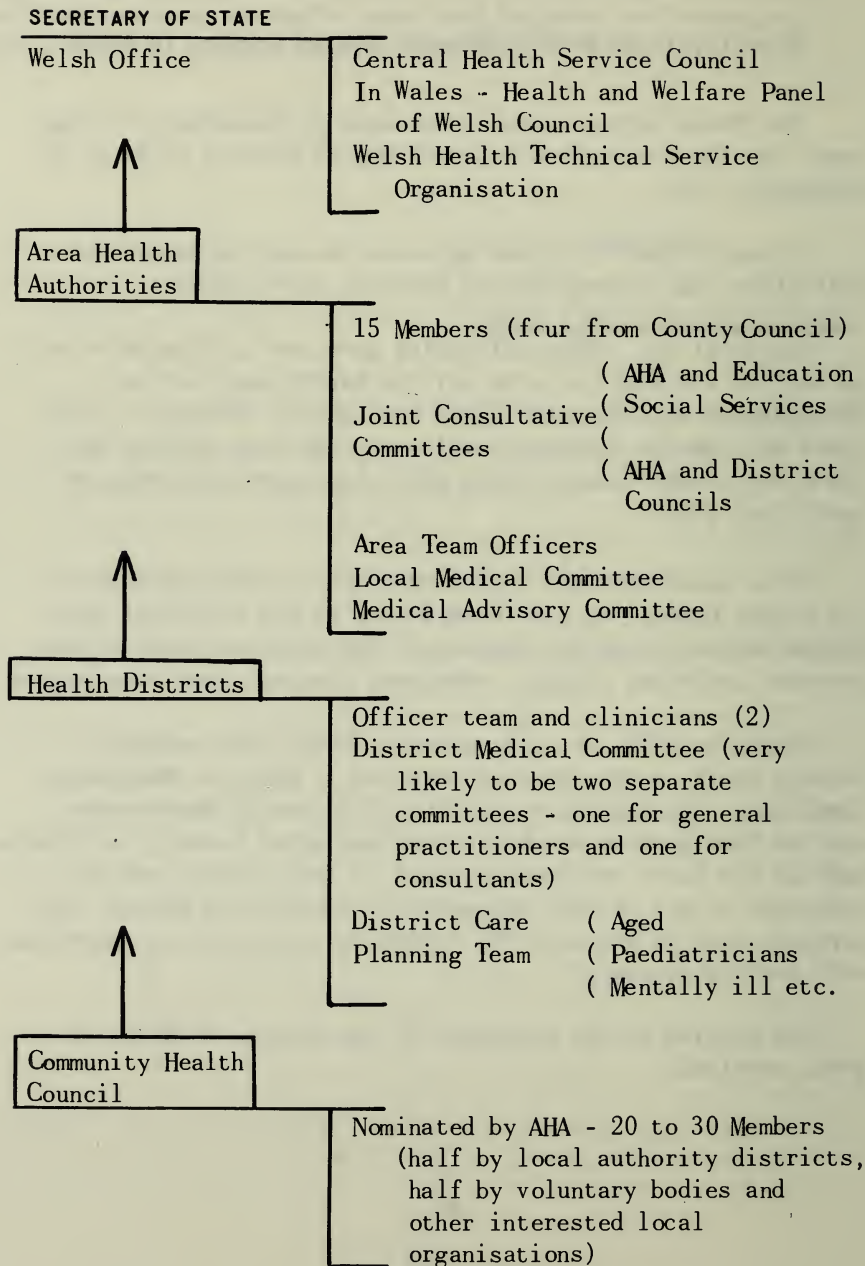
On April 1st, 1974, all health services in Flintshire will be unified and together with all the health services in Denbighshire will form the Clwyd Area Health Authority. The Clwyd Area Health Authority will cover the same area as the new Clwyd County Council which will also come into being on April 1st, 1974.

This means that the health services now administered by the County Council will be transferred to the new Clwyd Area Health Authority and this means all the staff and most of the premises including clinics, ambulance stations, and some houses.

Early in 1973, it is proposed to hold joint meetings between staff of the services involved, - Hospital Management Committees - Denbighshire and Flintshire Health Departments - and the Denbighshire and Flintshire Executive Council, to discuss some of the basic problems involved in unification, and to endeavour to get as much agreement as possible on patient care services, and to minimise the disruption that such an operation will inevitably entail.

An outline of the structure of the service in Wales is given overleaf:-

Outline of Service

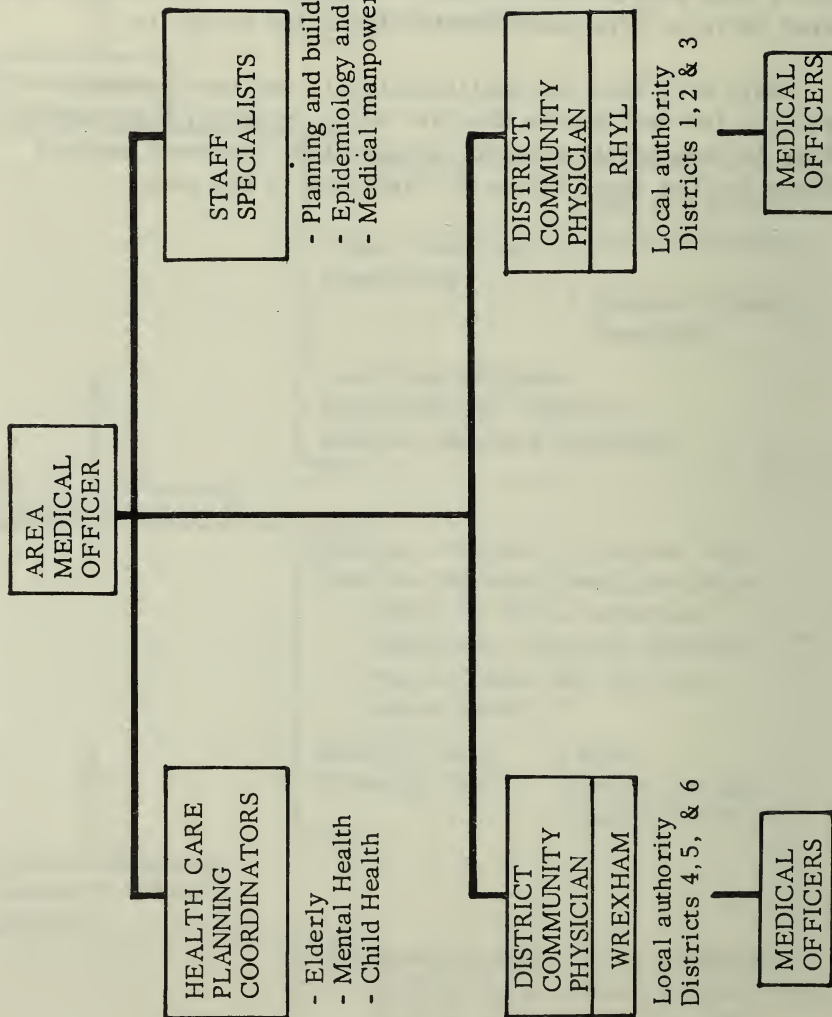


Also included is a diagram of the proposed Medical Administration Structure for Clwyd and a similar diagram for the Nursing Structure.

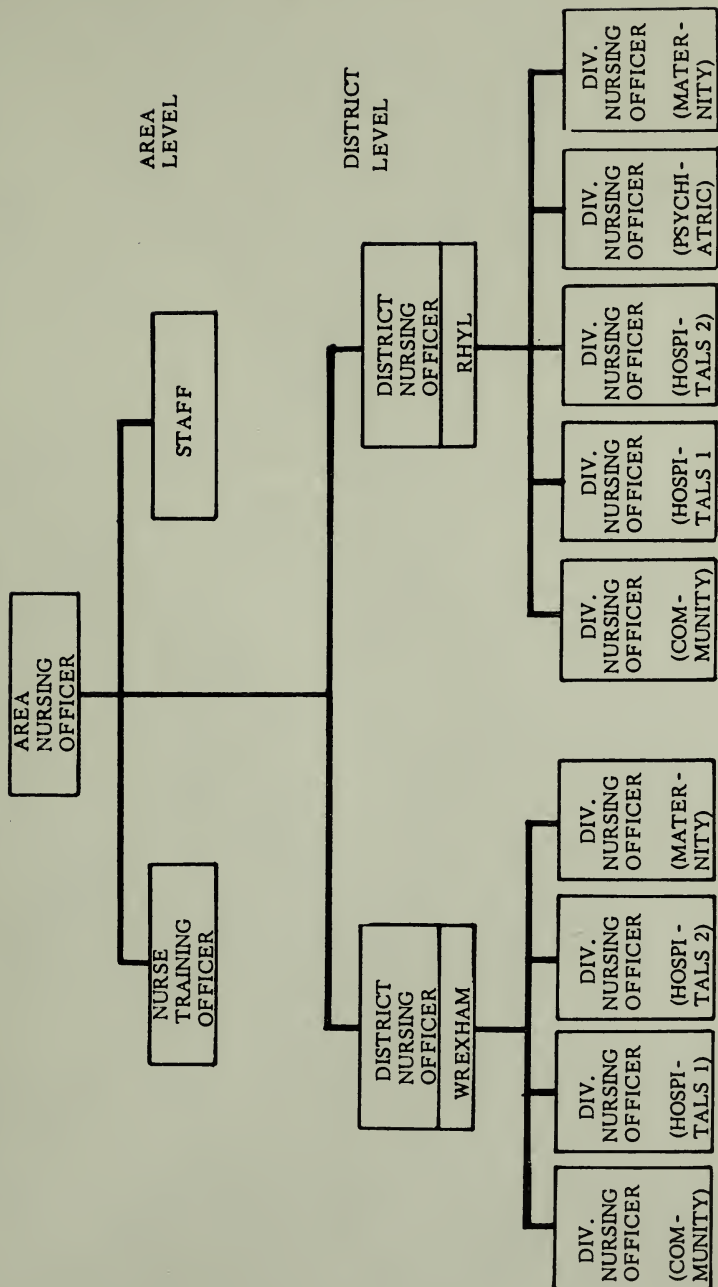
It should be explained that the medical staff designated as Health Care Co-ordinators will be responsible for the overall planning of the services for the groups referred to - elderly, child health and the mentally disordered and handicapped. These doctors will also be the advisers to the local authority (Clwyd) Social Services Department and the Education Authority.

Clwyd will have two health districts and the Community Physician for each health district will, in addition to his duties for the health service, be also the 'approved' medical officer for the local authority districts in his area.

CLWYD AHA - MEDICAL ADMINISTRATION



CLWYD AHA - NURSING



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